

BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Erik Pritzl, Executive Director

MEETING OF THE HUMAN SERVICES BOARD

Thursday, April 9, 2015

SOPHIE BEAUMONT BUILDING, BOARD ROOM A

111 NORTH JEFFERSON, GREEN BAY, WI 54311

5:15 P.M.

AGENDA

1. Call Meeting to Order.
2. Approve/Modify Agenda.
3. Approve Minutes of March 12, 2015 Human Services Board Meeting.
4. Approve Bylaws of the Medical Staff of the Brown County Community Treatment Center.
5. Approve Quality Assurance and Performance Improvement Policy.
6. Approve Sentinel Event Management Policy.
7. Executive Director's Report.
8. Financial Report for Community Treatment Center and Community Programs.
9. *Statistical Reports.
 - a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
 - b. Monthly Inpatient Data – Bellin Psychiatric Center.
 - c. Child Protection – Child Abuse/Neglect Report.
 - d. Monthly Contract Update.
10. *Request for New Non-Continuous Vendor.
11. *Request for New Vendor Contract.
12. Other Matters.
13. Adjourn Business Meeting.

**Note: attached as written reports*

Notices:

Notice is hereby given that action by the Human Services Board may be taken on any of the items, which are described or listed in this agenda.

Please take notice that additional members of the Board of Supervisors may attend this meeting of the Human Services Board, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

Any person wishing to attend the Human Services Board meeting who, because of a disability, requires special accommodations, should contact the Human Services Department at (920) 448-6006 by 4:30 p.m. on the day before the meeting so that arrangements can be made.

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, March 12, 2015 in in Board Room A of the Sophie Beaumont Building – 111 North Jefferson Street, Green Bay, WI

Present: Chairman Tom Lund
Bill Clancy, Paula Laundrie, Helen Smits, Susan Hyland, Carole Andrews

Excused: Craig Huxford, JoAnn Grashberger

Also

Present: Nancy Fennema, Interim Executive Director
Tim Schmitt, Finance Manager
Jordon Bruce, Interim Hospital & Nursing Home Administrator
Michelle Hermes, Director of Nursing-Hospital
Meghann Reetz-Norton, Nutritional Services Manager
Melanie Kirchman, Administrative Secretary
Various CTC staff members

1. **Call Meeting to Order:**
The meeting was called to order by Chairman Tom Lund at 5:15 pm.
2. **Approve/Modify Agenda:**
ANDREWS/SMITS moved to approve the agenda.
The motion was passed unanimously.
3. **Approve Minutes of February 12, 2015 Human Services Board Meeting:**

LAUNDRIE/HYLAND moved to approve the minutes dated February 12, 2015.
The motion was passed unanimously.
4. **Acceptance of the Governing Body Responsibilities for the Nicolet Psychiatric Hospital:**

Interim Director Fennema stated that the responsibilities were handed out at last month's meeting.

CLANCY/ANDREWS moved to accept the governing body responsibilities.
The motion was passed unanimously.
5. **Selection of a QAPI (Quality Assurance Performance Improvement) Committee Member:**

A Human Services Board member is needed to serve as a QAPI Committee member. The committee meets the 4th Wednesday of the month and will meet monthly through June, then will go quarterly.

LAUNDRIE/SMITS moved to name Carole Andrews as Board representative for the QAPI Committee.

The motion was passed unanimously.

6. Executive Director's Report:

Interim Director Fennema presented and handed a written report to the board (attached).

Fennema stated that Roberta Morschauser is no longer employed with Brown County. Jordon Bruce will be the Nursing Home Administrator responsible for the Community Treatment Center through a contract with Apra consulting until the position is filled. Bruce introduced himself and gave his background.

Michelle Hermes, Director of Nursing-Hospital, presented a written hospital report to the board (attached).

ANDREWS/LAUNDRIE moved to receive and place on file.
Motion was carried unanimously.

7. Financial Report:

Finance Manager Tim Schmitt had submitted a written report with the board packet agenda.

Q: Citizen Board Member Andrews asked if we feel there is a need for the new psychiatric hospital that has been in the news.

A: Schmitt stated that his opinion is best summarized by the Bellin Health response in that the psychiatrist capacity in this area is limited.

Q: County Board Member Clancy asked if it would be proper for the board to pass a motion stating that this new psychiatric hospital is not needed as our county entity isn't being utilized fully and Bellin is at 25%.

A: Lund stated we would need to talk to Corporation Counsel before doing that and would need to ensure we have factual information.

HYLAND/ANDREWS moved to receive and place on file.
Motion was carried unanimously.

8. Statistical Reports:

Please refer to the packet which includes this information.

9. Approval for New Non-Continuous Vendor:

Please refer to the packet which includes this information.

10. Request for New Vendor Contract:

Please refer to the packet which includes this information.

11. Other Matters:

Next Meeting: Thursday, April 9, 2015
5:15 p.m. – Sophie Beaumont Building, Board Room A

12. Adjourn Business Meeting:

ANDREWS/LAUNDRIE moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 5:38 p.m.

Respectfully Submitted,

Kara Navin
Office Manager/Recording Secretary

Interim Executive Director's Report to the Human Services Board - March 2015

Nicolet Psychiatric Hospital has taken the majority of my time the past few weeks. I have been working with staff to implement the changes required per our recent State Survey and following Plan of Correction. We contracted with Apra, out of Madison, to provide us with consultation in writing the Plan of Correction and oversee the implementation of changes.

In regards to Family Care the ADRC has begun enrollment counseling as the first step in the transition process. Within the Department a number of our employees have been hired by the Managed Care Organizations. We will work with them to develop a transition schedule so we can retain our employees as close to roll over as possible. Roll over is the date that we discontinue the provision services and the Managed Care organization or IRIS begin.

Lisa Peters our Project Manager for the Avatar Project is in the process of evaluating the project to determine what has been done and what needs to be done. She is doing an excellent job working with Netsmart and our employees to keep the project on track. However, I anticipate a revision in the original target date.

Children Youth and Families have had a spectacular start to the New Year. 2015 has brought new leadership in Juvenile Justice, Dannel Skalecki, to assist with the modernization of case management in this area. Dannel is insightful and brings energy to the hard working JJ team. CABHU is currently running their first group therapy session for adolescent females. Currently 6 Brown County teen girls are engaged in trauma informed therapy led by Dr. Noukki. Shelter Care continues to serve Brown and surrounding counties with emergent and high risk short term placement for youth. Supervisors VandenHoogen and Schmeling have initiated a tri-county consortium to address the special needs of Shelter Care Facilities. Child Protective Services (CPS) is down 30 referrals from this date last year. CPS is in active roll out of the Community Response Program. Jenna Kerin is our lead case management facilitator for initiation of the CR model introduction to the community.

The other important change will be in the responsibilities of the Human Services Board who will assume the governing responsibility of the Nicolet Psychiatric Hospital. I sincerely appreciate the openness of the board members in considering these changes.

I want to thank Brown County for the opportunity to work as the Interim Director and look forward to the opportunities our new Director will bring.

Respectfully Submitted By:



Nancy Fennema

Interim Executive Director

NPC Monthly Report

1. **Patient Care Issues-** There has not been any concerns identified.
2. **Contracted Services Issues-** Working closely with Streus regarding contingency counting and medication verification process. Continuing to progress towards purchase of Omnicell (automated dispensing machine). Contract with Streus needs approval after proposed changes.
3. **Summary of patient complaints-** There have been 3 for the year thus far. Process for investigating complaints will be revised to include a meeting being held with the SS Manager, DON and Administrator to discuss the finding and ensure the team agrees upon the resolution. Then the letter can be signed by the Administrator and mailed to the client. These complaints then must be tracked and trended through the QAPI committee.
4. **Federal/State Regulatory Concerns-** The team continues to work diligently to initiate changes per plan of correction. The state came in on 3/9/15 to complete our verification visit. The state did clear us, with no further citations issues. Areas the state said we need to continue working on are DC planning, treatment planning and the group documentation. The state felt we had an acceptable plan in place, we need to continue auditing and working on process improvement. Will begin working on the plan of correction for the Federal Survey.
5. **Approval of Medical Staff appointments-** Nothing to report at this time.
6. **Other Business-** Nothing to report at this time.

Prepared by Michelle Hermes RN, BSN, DON

BYLAWS OF THE MEDICAL STAFF OF BROWN COUNTY COMMUNITY TREATMENT CENTER

PREAMBLE

Whereas, Brown County Community Treatment Center is a county-operated facility in the State of Wisconsin, County of Brown; and

Whereas, its purpose is to serve as a psychiatric hospital providing patient care and education; and

Whereas, it is recognized that the Medical Staff is responsible for the quality of medical care in the Hospital, and must accept and discharge this responsibility, and that the cooperative efforts of the Medical Staff, the facility's administrative officers, and the Governing Body are necessary to fulfill the Hospital's obligations to its patients;

Therefore, the professional staff practicing in this Hospital hereby organize themselves in conformity with the bylaws and medical staff policies hereinafter stated.

These Bylaws are adopted for the purpose of governing the actions, recommendations, and functions of the Professional Staff of Brown County Community Treatment Center. These Bylaws are not intended to be, nor shall anything herein be, interpreted in such a way as to be a delegation by the Governing Body to any person or group, including the Professional Staff, of the exclusive ultimate authority of the governing body to operate this Hospital, including appointments of professional staff.

DEFINITIONS

1. MEDICAL STAFF: Means all physicians holding appropriate licenses, who have been granted privileges to attend patients in the Hospital and who are eligible to vote on medical staff matters.
2. GOVERNING BODY: Human Services Board.
3. HUMAN SERVICES DIRECTOR: Refers to the individual who administers the Department of Human Services in accordance with Wisconsin Statutes 51.42 (6m) and County Code and is responsible for the overall management of the Brown County Community Treatment Center, Brown County Health Care Center and related programs.
4. CLINICAL DIRECTOR: Refers to the psychiatrist appointed by the Governing Body to manage the affairs of the Medical Staff.
5. MEDICAL DIRECTOR: Refers to the individual appointed to coordinate and manage all medical services to clients and employees in the Nursing Home and as directed by the Clinical Director provide medical care to patients in the psychiatric hospital.

6. HOSPITAL AND NURSING HOME ADMINISTRATOR: Refers to the individual appointed to manage the overall operations of the Hospital component of the Center.
7. EXECUTIVE COMMITTEE: Means the members of the Active Medical Staff, members of the Courtesy Medical Staff, a representative from the Governing Body and liaison (non-voting) representatives from administration.
8. PRACTITIONER: Means a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) legally licensed to practice medicine and surgery in the State of Wisconsin.
9. ALLIED HEALTH PROFESSIONAL: Means individuals other than licensed physicians who are qualified and licensed to render direct medical care under the supervision of a practitioner who have clinical privileges in this Hospital, and who are capable of effectively communicating with patients, the Medical Staff, and Hospital personnel. Other health professions not listed here who are not subject to the Medical Staff privileges delineation process shall be reviewed by the Governing Body for competence.
10. CLINICAL PRIVILEGES: Means the permission granted to a practitioner or Allied Health Professional by the Medical Staff to render specific diagnostic, therapeutic, or medical services.
11. MEDICAL STAFF YEAR: Means the period from January 1 through December 31.
12. HOSPITAL: Brown County Community Treatment Center Psychiatric Inpatient Program (Nicolet Psychiatric Center).

ARTICLE I: NAME

The name of this organization shall be the Medical Staff of Brown County Community Treatment Center, Green Bay, Wisconsin.

ARTICLE II: PURPOSES AND RESPONSIBILITIES

Section I. The purposes of the organization are:

- A. To ensure that all patients admitted to or treated in any of the facilities, departments, or services of the Hospital shall receive the level of care which meets or exceeds community standards for specialized psychiatric and AODA services.
- B. To ensure a high level of professional performance of all practitioners authorized to practice in the Hospital through the appropriate delineation of clinical privileges that each practitioner may exercise in the Hospital and through an ongoing review and evaluation of each practitioner's performance in the Hospital.
- C. To initiate and maintain rules and regulations for self-government of the Medical Staff:

- D. To provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the liaison Administrative Staff, and, when indicated, directly with the governing body.

Section 2. Responsibilities:

The Medical Staff or its Executive Committee shall:

- A. Ensure the quality and appropriateness of patient care rendered by all practitioners authorized to practice in the Hospital through the following measures:
1. A credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised or of specified services to be performed with the verified credentials and current demonstrated performance of the applicant or staff member;
 2. A continuing medical education program based at least in part on the needs demonstrated through the patient care audit, and other quality maintenance programs. This medical education program recognizes program participation from this hospital as well as community hospitals, and requires completion of continuing medical education units at a level consistent with that required by the State of Wisconsin Medical Examining Board;
 3. A concurrent utilization review program to monitor inpatient, outpatient, medical, psychiatric, and health services based upon community standards of care;
 4. An organizational structure that allows continuous monitoring of patient care practices, including but not limited to, infection control, drug utilization evaluation, medical record review, safety/risk management;
 5. Quality assessment and improvement program encompassing principles of continuous quality improvement, retrospective and concurrent review and evaluation of the quality of patient care through a systematic and ongoing patient care evaluation program; and,
- B. Recommend to the governing body with respect to appointments, reappointments, staff category, clinical privileges, and corrective action;
- C. Account to the Governing Body for the quality and efficiency of medical care rendered to patients in the Hospital;
- D. Initiate and pursue corrective actions with respect to practitioners, when warranted;
- E. Develop, revise as needed, administer, and seek compliance with these Bylaws, the rules and regulations of the Medical Staff, and other medical-care related current Hospital policies;

- F. Assist in identifying community health needs, and in setting appropriate institutional goals in implementing programs to meet those needs;
- G. Exercise the authority granted by these Bylaws as necessary to adequately fulfill the foregoing responsibilities;
- H. Be actively involved in the accreditation process; this shall include participation in the Hospital survey.

ARTICLE III: MEDICAL STAFF MEMBERSHIP

Section 1 - Nature of the Medical Staff Membership:

- A. Membership on the Medical Staff of Brown County Community Treatment Center is a privilege which shall be extended only to professionally competent practitioners that are employed or have a contractual agreement who continually meet the qualifications, standards, and requirements set forth in these Bylaws.
- B. Appointments to and membership on the Medical Staff shall confer on the appointee or member only such clinical privileges and prerogatives as have been granted in accordance with these Bylaws. No practitioner shall admit or provide services to patients in the Hospital unless he/she is a member of the Medical Staff, or has been granted temporary privileges in accordance with the procedures set forth in Article VII.

Section 2 - Qualifications for Membership:

- A. Basic Qualifications:
 - 1. Only physicians licensed to practice in the State of Wisconsin who can document their background, experience, training, and demonstrated competence and judgment, their adherence to the ethics of their profession, their good reputation and character, good physical and mental health, current, valid professional liability insurance coverage in amounts satisfactory to the hospital, and their ability to work with others, with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated by them will be getting a high quality of medical care, shall qualify for membership on the Medical Staff. No physician shall be entitled to membership on the Medical Staff, or to the exercise of particular clinical privileges in the Hospital, merely by virtue of the fact that he/she is duly licensed to practice medicine in this or in any other state, or that he/she is a member of any professional organization, is certified by any clinical examining board, or that he/she had in the past, or presently has, such privileges at another hospital.
- B. Ethics: Acceptance of the membership on the Medical Staff shall constitute the staff member's agreement that he/she will strictly abide by the Principles of Medical Ethics of the American Medical Association.

- C. No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, or physical disability.

Section 3 - Basic Responsibilities:

- A. Provide his/her patients with care at the generally recognized professional level of quality and efficiency within reasonably accepted community standards of care;
- B. Abide by the current Medical Staff Bylaws and by other lawful standards, current policies, and rules of the Hospital;
- C. Discharge such staff, department, committee, and Hospital functions as he/she is responsible for, by appointment, election, or otherwise;
- D. Prepare and complete in timely fashion the medical record and other required records for all patients he/she admits, or in any way provides care to in the Hospital;
- E. Abide by the ethical principles of his/her profession;
- F. Participation in hospital peer review and quality assessment and improvement activities; and,
- G. To serve on hospital committees as assigned by the Clinical Director.

Section 4 - Conditions and Duration of Appointment:

- A. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws; provided that in the event of unwarranted delay on the part of the Medical Staff (more than one hundred days from its receipt of a fully-completed application), the Governing Body may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications, obtained from reliable sources other than the Medical Staff.
- B. Initial appointments to the Medical Staff of Brown County Community Treatment Center shall be for a period extending for one year. Reappointments shall be for a period of not more than two Medical Staff years.
- C. Appointments to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Governing Body in accordance with Medical Staff recommendations, and in accordance with these Bylaws.

- D. Every application for staff appointment shall be signed by the applicant, and shall contain the applicant's specific acknowledgment of every Medical Staff member's obligations to provide continuous care and supervision of his/her patients, to abide by the Medical Staff Bylaws, Rules and Regulations to accept committee assignments, to accept consultation assignments, and, when necessary, to participate in staffing units.
- E. A system will be in place that reports to the appropriate agency as directed by the Health Care Quality Improvement Act, those adverse actions or reinstatements approved by the governing body that reduce, restrict, suspend, revoke, or deny clinical privileges to a physician or dentist for a period of 30 days or longer.

Section 5 - Provisional Status Appointment:

- A. All initial appointments to the Medical Staff shall be provisional for one full year. Reappointments to the provisional membership may not exceed one full year, at which time the failure to advance an appointee from provisional to regular Medical Staff status shall be deemed a termination of his/her staff appointment. A provisional appointee whose membership is so terminated shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed.
- B. Provisional staff members shall be assigned to a department/unit where their performance shall be observed by the Clinical Director or his/her representative, to determine the eligibility of such provisional members for regular staff membership, and for exercising the clinical privileges provisionally granted to them. At the end of each provisional appointment (one year), a written report by the Clinical Director or his/her representative, shall be made to the Medical Staff and the Governing Body. The report must indicate that the appointee has or has not demonstrated his/her ability to exercise clinical privileges granted to him/her.

ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF

Section 1 - Medical Staff:

The Medical Staff shall be divided into three categories: Active, Courtesy/On-call Consultative, and Honorary.

Section 2 - Active Medical Staff:

The Active Medical Staff shall consist of regular physicians and provisional status who treat patients admitted on a voluntary or committal status, are employed or contracted at least eight (8) hours a week by Brown County Community Treatment Center and who assume all the functions and responsibilities of membership on the Active Medical Staff, including, where appropriate, consultation and unit assignments. Members of the Active Medical Staff shall be appointed to a specific service, shall be eligible to vote, shall serve on Medical Staff committees, and shall be required to attend at least 50 percent of all meetings of the Medical Staff.

Section 3 - Courtesy/On-call Medical Staff:

The Courtesy Medical Staff shall consist of physicians qualified for staff membership, but who are employed or contracted as consultants, provide on-call coverage, or perform specific referral services such as adolescent/ child history and physicals. They must either participate in the educational activities of this Medical Staff, or hold active or associative membership on the Medical Staff of some other hospital. Courtesy Medical Staff shall be eligible to admit and/or attend clients if specified in individual delineated privileges, vote, and serve on Medical Staff committees. Medical Staff meeting attendance is elective and attendance is encouraged.

Section 4 - Consultative Medical Staff:

Consultative Practitioners:

Consultative Practitioners shall consist of practitioners in the medical community who are otherwise qualified for membership of the Medical Staff and are requested by a member of the Brown County Community Treatment Center Medical Staff to provide on-site consultation for a specific client. Consultative Practitioners may be used through telehealth in the outpatient clinic. Permission to provide the requested consultative evaluation may be granted by the Hospital and Nursing Home Administrator or Clinical Director. Any recommendation made by the consulting practitioner must be verified and approved by the attending physician before implementation.

ARTICLE V: ALLIED HEALTH PROFESSIONAL PERSONNEL

Section 1 - Definition:

Allied Health Professionals (AHP) shall consist of the following categories of professionals: dentists, nurse practitioners, psychologists, dental hygienists, and podiatrists.

Section 2 - Qualifications:

Only allied health professional personnel (AHP) holding a license, certificate, or other legal credential as required by State law, who:

- A. Document their experience, background, training, demonstrated ability, physical health and mental health status upon request of the Medical Staff with sufficient adequacy to demonstrate that any patient treated by them will receive care of the professional level of quality and efficiency generally recognized as acceptable; and
- B. Are determined, on the basis of documented reference, to adhere strictly to the ethics of their respective professions as applicable, and to work cooperatively with others; shall be eligible to provide specified services in the Hospital. Where appropriate, the Medical Staff may establish particular qualifications required of members of a specific category of AHP's, provided that such qualifications are not founded on an arbitrary or discriminatory basis, and are in conformance with applicable law.

Section 3 - Procedure for Review Specification of Services:

An application to perform allied health services shall be submitted on a form provided by the Hospital. The authority for individuals to perform specified patient care services must be processed through the credentialing/privileging function, delineating their qualifications, status, clinical duties and responsibilities. Applicants shall be evaluated by the Medical Staff, which shall recommend the scope of practice which the applicant shall be permitted to exercise in the Hospital.

Section 4 - Conditions of Participation:

- A. AHP's shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff, and may only engage in acts within the scope of practice specifically approved for them by the Medical Staff, and the Governing Body.
- B. Appointments as AHP's shall not be covered by the provisions for appeal in Articles VI, VII, VIII, and IX of the Medical Staff Bylaws. However, the applicant for appointment as an AHP shall have the right to appear personally before the Medical Staff to discuss the clinical privileges recommended by that Committee.
- C. Initial appointment shall be for a period of one year. Thereafter, AHP's shall apply for reappointment as outlined in Article VI, Section 3, A - G.
- D. Quality Assessment and Improvement auditing shall be done as a means of evaluating performance and competence. Alternatively, at the discretion of the Clinical Director, a performance evaluation related to a job description may be used as a means of evaluation.

Section 5 - Allied Health Professional Prerogatives:

- A. Provide specified patient care services under the supervision or direction of a physician member of the Medical Staff.
- B. Following protocols to the extent established by the Medical Staff, but not beyond the scope of the AHP's license, certificate, or other legal credentials.
- C. Nurse Practitioners and Physician's Assistants may perform diagnostic and therapeutic procedures within the scope of his/her privileges with the consent of the client and the attending physician. He/She may write orders for diagnostic procedures, therapeutic procedures, and medications only if such orders are counter signed by the attending physician.
- D. Attend without voting privileges meetings of the staff and department to which he/she is assigned, and hospital education programs.
- E. Psychologist can perform diagnostic and therapeutic procedures including the initial clinical evaluation, treatment staffings and discharge summaries. He/She may write orders for diagnostic and therapeutic procedures only if such orders are countersigned by a physician.

Section 6 - Responsibilities:

- A. Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient of the Hospital for whom he/she is providing services, or arrange a suitable alternative for such care and supervision;
- B. Participate as appropriate in the quality assessment/risk management activities, supervising initial appointees of his/her same profession during the training period, and other staff functions that may be required from time to time.

ARTICLE VI: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1 - Application for Appointment:

- A. All applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant, and shall be submitted on a form prescribed by the Medical Staff. The application shall require detailed information concerning the applicant's professional qualifications, shall include the receipt of names of at least two persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's professional competence and ethical character, and shall include information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced, or not renewed by any other hospital or institution, and as to whether his/her membership in local, state, or national medical societies, or his/her license to practice any profession in any jurisdiction, has ever been suspended, terminated, or has any currently pending challenges, and as to whether his/her narcotics license has ever been limited, suspended, revoked, or has any currently pending challenges, and as to his physical and mental condition, and as to his/her malpractice history, and shall convey his/her consent to release of information by his/her past and present malpractice insurance carrier(s).
- B. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.
 - 1. If additional information is required of the applicant, the Clinical Director/designee shall request it in writing. Failure of the applicant to provide such information within 30 days of the request shall constitute grounds for denial of appointment, unless an extension is granted by the Clinical Director.
- C. The completed application, including the delineation of requested clinical privileges shall be submitted to the Hospital and Nursing Home Administrator or designee, who, after collecting the references and other materials deemed pertinent, shall provide the application and all supporting materials to the Clinical Director and Medical Staff for evaluation.

- D. The delineation of clinical privileges for active and courtesy members of the Brown County Community Treatment Center Medical Staff shall be defined in a clear, comprehensive manner in accordance with these Bylaws (Article VII, Section 2).
- E. By applying for appointment to the Medical Staff, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application, authorizes the Hospital to query the National Practitioner Data Bank for adverse action reports and malpractice reports, to consult with members of the medical staffs of other hospitals to which the applicant has been associated, and with others who may have information bearing on his/her competence, character, and ethical qualifications, consents to the Hospital's inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests, as well as his/her moral and ethical qualifications for staff membership, releases from any liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials, and releases from any liability all individuals and organizations who provide information to the Hospital in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- F. The application shall include the following statements:
- * an agreement to having received, read, and abide by the Hospital Medical Staff bylaws and by such rules and regulations as that may from time to time be enacted,
 - * a pledge not to receive or pay another physician directly/indirectly any fee from professional services,
 - * an agreement that any significant misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from staff,
 - * an affirmation that information provided is true,
 - * that applicant is familiar with the laws of the State of Wisconsin governing the practice of his/her specialty and will abide by these laws,
 - * as applicant, she/he accepts the burden for producing sufficient information for proper evaluation of qualifications and for resolving any doubts about such qualifications.
- G. By applying for appointment to the Medical Staff, each applicant thereby agrees to subject his/her clinical performance to, and participate in, the Hospital's quality assessment and improvement/risk management/safety program as the same shall, from time to time, be in effect in accordance with the requirements of the responsible peer review organization, and other external regulatory agencies. Additionally, each applicant agrees to hold members of the Medical Staff and other authorized representatives of the Hospital engaged in these quality

assessment or utilization review activities free from all liability for their actions performed in good faith in connection with these activities.

- H. Each practitioner applying for appointment to the Medical Staff shall maintain professional liability insurance in not less than the minimum amounts as from time to time may be determined by the Governing Body or provide other proof of financial responsibility, in such manners as the above Governing Body may find acceptable. The Governing Body may, for good cause shown by a practitioner, waive this requirement with regard to such practitioner, provided that any such waiver is not granted or withheld on an arbitrary, discriminatory, or capricious basis. This minimum amount of required coverage established pursuant to this provision shall equal the amount of professional liability insurance carried by the Hospital.

Section 2 - Appointment Process:

- A. All applications for appointment shall be sent to the Hospital and Nursing Home Administrator, who will refer them to the Administrative Secretary for processing. When the processing is complete, the application and related materials shall be returned to the Hospital and Nursing Home Administrator for review for appropriateness to services provided by the Community Treatment Center. If appropriate, the application and related materials will be forwarded to the Clinical Director within ten days.
- B. The Clinical Director shall review the application and related materials for determination of the character, professional competence, qualifications and ethical standing of the practitioner, and shall determine through information contained in references given by the practitioner and from other data sources available, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and clinical privileges requested by him/her. The Clinical Director will make a recommendation regarding appointment and privileging, and the application and related materials will be referred to the Medical Staff within 60 days.
- C. At the next regular Medical Staff meeting after referral from the Clinical Director, the Medical Staff shall review the application and related materials and shall make a recommendation that the practitioner be either provisionally appointed to the Medical Staff, or rejected for Medical Staff membership, or that the application is deferred for further consideration or investigation. All recommendations for appointment shall include the clinical privileges to be granted, which may be modified by probationary conditions relating to such clinical privileges.

- D. When the recommendation of the Medical Staff is to defer the application for further consideration, it must be followed up within 30 days with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for Medical Staff membership.
- E. When the recommendation of the Medical Staff is favorable to the practitioner, the Governing Body shall act on the recommendation within 30 days.
- F. If the decision is adverse to the practitioner, at any level, the adverse decision will be sent to the Clinical Director, and by certified mail, return receipt requested, to the practitioner. The practitioner may request recourse to the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2), by submitting a written request within 10 days.

Section 3 - Reappointment Process:

- A. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon the following: licensure, physical and mental health status, professional liability coverage, satisfactory clinical performance, adherence to Medical Staff Bylaws, rules and regulations, quality assessment and improvement data, drug usage evaluation results, risk management data, volume indicators, peer recommendations, continuing medical education, current competence, and adverse incidents, including any past or currently pending challenges to license or DEA registration, and circumstances and judgments related to any pending or settled liability actions.
- B. The reappointment application shall be sent to the appointee by the Hospital and Nursing Home Administrator at least 60 days prior the expiration of the appointees' current term. Each current appointee desiring reappointment is responsible for completing the reappointment forms approved by the Governing Body. Failure to return the forms within 30 days of receipt shall be considered a voluntary resignation from the Medical Staff.
- C. After the reappointment forms have been returned and processed by the Hospital and Nursing Home Administrator, this material will be combined with other information and data gathered from quality assessment and improvement reports, external sources such as National Practitioner Data Bank, medical records data, complaints, drug utilization reports, and will be sent to the Clinical Director for review.
- D. Prior to the next scheduled Medical Staff meeting, the Clinical Director shall review all pertinent information available, including solicited comments from members of the Medical Staff, for the purpose of determining their recommendations for reappointment to the Medical Staff, and for granting of clinical privileges for the ensuing period. Evidence of appraisal by the Clinical Director shall be provided to the Medical Staff with recommendations for reappointment or when a change in clinical privileges is recommended.

- E. At the next Medical Staff meeting, the Clinical Director or designee presents his/her recommendations to the Medical Staff concerning the reappointment and clinical privileges of the appointee scheduled for periodic appraisal. When non-reappointment or a change in clinical privileges for a period longer than 30 days is recommended, the reasons for such recommendations shall be stated and documented. The Medical Staff will consider these recommendations and will reach its conclusions as to the reappointment and privilege delineation and will forward its determination to the Hospital and Nursing Home Administrator who in turn submits it to the Governing Body for approval.
- F. If an application for reappointment is filed and the Governing Body does not have time to act on it prior to the expiration of the appointee's current appointment, the appointee's current appointment and clinical privileges shall continue in effect until such time as the Governing Body acts on the reappointment application.
- G. The Governing Body shall review the material and the recommendations of the Clinical Director and Medical Staff and shall render a decision regarding reappointment and delineation of clinical privileges.
- H. If the decision is adverse to the practitioner, at any level, the notice of the adverse decision will be sent to the Clinical Director, and by certified mail, return receipt requested to the practitioner. The practitioner may request recourse to the Fair Hearing Appeal process described in these Bylaws (Article IX, Section 2) by submitting a written request within 10 days.
- I. If the decision is not appealed or if it is upheld after appeal, the adverse action shall be reported to appropriate regulatory agencies, state and federal as required by current laws.

ARTICLE VII: DETERMINATION OF CLINICAL PRIVILEGES

Section 1 - Exercise of Privileges:

Every practitioner providing direct clinical services at this Hospital by virtue of his/her Medical Staff membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Governing Body, except as provided in Sections 2, 3, and 4 of this Article VII, which cover temporary and emergency privileges.

Section 2 - Delineation of Privileges:

- A. Initial Request - Every initial application for staff appointment/ reappointment must contain a request for the specific clinical privileges desired by the applicant.
- B. Basis for Privileges Determination - The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated competence, references, mental and physical health status, data bank, and other relevant information including an appraisal by the Clinical Director. Privileges delineation shall relate specifically to each physician's practice in his/her practice setting as it relates to the Brown County Community Treatment Center. The

applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges so requested. The privileges recommended and granted must be precisely delineated. Terms such as "family practice", "internal medicine", and "general psychiatry" will not suffice. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of clinical performance, review of the records of patients treated in this or other hospitals, and documented results of the patient care audit and other quality assurance/risk management activities required by these Bylaws.

These clinical privileges were defined by the Brown County Community Treatment Center Medical Staff as standard, usual, and customary procedures appropriate to the diagnosis and treatment of diseases encompassed by a given specialty and limited to the available resources at the Brown County Community Treatment Center. Procedures requiring additional training or techniques not normally included in the customary training of that specialty must be specifically delineated at the time of application. However, in emergency situations, the physician may be allowed to perform any special procedures demanded by that emergency, even though not regarded as part of his/her routine clinical privileges.

- C. Modification of Privileges - Application for additional clinical privileges must be in writing, on the prescribed form, and on which the type of clinical privileges desired and the applicant's relevant recent training and/or experience must be stated. Such requests will be processed in the same manner as requests for initial privilege delineation.

Section 3 - Temporary Privileges:

- A. Upon receipt of an application for Medical Staff membership from an appropriately licensed practitioner, the Governing Body may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the written concurrence of the Clinical Director, grant temporary admitting and specifically delineated clinical privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Clinical Director. Temporary privileges may be so granted for a period not to exceed 90 days, with subsequent renewal, if necessary, not to exceed the pendency of the application.
- B. Temporary clinical privileges may be granted by the Governing Body for the care of a specific patient to a practitioner who is not an applicant for membership in the same manner and upon the same conditions as set forth in subparagraph (A) of this Section 3, provided that there shall first be obtained from the practitioner a signed acknowledgment that he/she agrees to be bound by the terms of the Medical Staff Bylaws, Rules and Regulations, and all matters relating to his/her temporary clinical privileges. Such temporary privileges shall be restricted to the treatment of not more than two patients in any one year by any practitioner, after which such practitioner shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients. Furthermore, the practitioner must have in force documented malpractice insurance in an amount acceptable to the hospital.

- C. The Governing Body may permit a physician serving as locum tenens for a member of the Medical Staff to attend patients without applying for membership on the Medical Staff for an initial period of 60 days, providing all of his/her credentials have first been approved by the Clinical Director. Temporary clinical privileges would be granted by the Inpatient Services Director in the same manner and under the same conditions as set forth in subparagraph A of this Article. Such privileges may be renewed for two more periods during a year's time.
- D. Special requirements of supervision and reporting may be imposed by the Clinical Director on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Inpatient Services Director and the Clinical Director upon notice of any failure by the practitioner to comply with such special conditions.
- E. The Governing Body may at any time, upon the recommendation of the Clinical Director, terminate a practitioner's temporary privileges, based upon questions of ethics, competence, character, or quality of care. The Clinical Director, or in his/her absence, the Associate Clinical Director, shall assign a member of the Medical Staff to assume responsibility for the care of such terminated practitioner's patients. The wishes of the patients shall be considered, where feasible, in selection of such substitute practitioner. Any affected practitioner may have recourse to the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2), but shall remain suspended during the course of the appeal.

Section 4 - Emergency Privileges:

In any emergency, any member of the Medical Staff, to the degree permitted by his license and regardless of privileges, department, service, or Medical Staff status or lack of it, shall be permitted and assisted to use every facility of the hospital and to do everything possible to treat the client. For the purpose of this section, an emergency is defined as a condition in which immediate treatment is necessary to prevent serious permanent harm to a client, to preserve the life of a client, or to prevent serious deterioration or aggravation of a client's condition.

ARTICLE VIII: CORRECTIVE ACTION/SUMMARY SUSPENSION

Section 1 - Procedure:

- A. Whenever the activities or professional conduct of any practitioner with clinical privileges are considered to be lower than the standards or aims of the Medical Staff, or to be disruptive to the operations of the Hospital, corrective action against such practitioner may be requested by a member of the Medical Staff, a member of the Hospital Administration, or by the Governing Body. All requests for corrective action shall be in writing, shall be made to the Clinical Director, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request.

- B. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Clinical Director shall immediately investigate the matter. The Clinical Director shall have authority to summarily suspend or limit the practitioner's privileges. This decision may remain in effect throughout the period of the investigation, and subsequent appeal, if any, as determined by the Clinical Director, and would be based upon the need to protect the life of any patient(s) or to reduce the substantial likelihood of immediate injury or damage to the mental or physical health or safety or well-being of any patient, employee, or other person. The Clinical Director shall have the authority to provide for alternative medical coverage for the patients of the suspended practitioner at the time of the suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner, whenever possible.
- C. Within ten days after the Clinical Director's receipt of the request for corrective action, he/she shall make a report of his/her investigation. Prior to the making of such report, the practitioner against whom corrective action has been requested shall have an opportunity for an interview with the Clinical Director. At such interview, he/she shall be informed of the general nature of the charges against him/her, and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the Clinical Director and included with his/her report.
- D. Within ten days following the receipt of the investigation report for the requested corrective action involving reduction or suspension of clinical privileges the Clinical Director shall present his report to the Executive Committee. The Executive Committee will review the report, interview the complainant and the affected practitioner, and shall make its conclusions and recommendations.
- E. The action of the Executive Committee on a request for corrective action may be to: reject or modify the request for correction action; issue a warning, letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; recommend reduction, suspension, or revocation of clinical privileges; recommend that an already imposed summary suspension of clinical privileges be terminated, modified, or sustained; or recommend that the practitioner's staff membership be suspended or revoked. The practitioner will be notified in writing of the recommendations of the Executive Committee by the Clinical Director.
- F. Any adverse recommendation for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff, shall entitle the affected practitioner to the procedural rights provided in the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2).

- G. After the Fair Hearing Appeal Process has concluded or waived, the Clinical Director shall promptly notify the Hospital and Nursing Home Administrator and the Human Services Director in writing of all requests for corrective action by the Executive Committee, and shall continue to keep the Hospital and Nursing Home Administrator and Human Services Director fully informed of all action taken in connection therewith. The Governing Body will then render a decision based upon the information and recommendation of the Executive Committee and the appeals process. Such decision shall be final and binding.

Section 2 - Termination of Practitioner for Non-Clinical Reason:

- A. Termination of employment or of contract status of a practitioner for grounds unrelated to his/her professional, clinical capability, and his/her exercise of clinical privileges, may be accomplished in accordance with the usual personnel policies of the Hospital or the terms of such practitioner's contractual agreement, if applicable. To the extent that the grounds for removal include matters relating to competence in performing professional clinical tasks, or in exercising clinical privileges, resolution of the practitioner's Medical Staff privileges shall be in accordance with Section 1 of this Article.

Section 3 - Automatic Suspension:

- A. A temporary suspension in the form of withdrawal of a practitioner's admitting privileges, effective until medical records are completed, shall be imposed immediately after warning of delinquency for failure to complete medical records as specified in the current Medical Staff Rules and Regulations. The Clinical Director shall have the option of assigning the practitioner to the Health Information Management or making other arrangements for the purpose of completing records, when applicable.
- B. A practitioner whose Federal and/or State license to prescribe narcotics and dangerous drugs are revoked or suspended or modified shall immediately be divested of his/her right to prescribe medications or shall meet the modifications covered by such license. As soon as possible after such immediate suspension, the Executive Committee shall convene to review and consider the facts under which the license was revoked or suspended. The Executive Committee may then recommend further corrective action as is appropriate to the facts disclosed in its investigation. The Governing Body will then consider the Executive Committee's recommendation and render a final decision.
- C. A temporary suspension occurs whenever a practitioner fails to maintain his/her malpractice insurance and it lapses or his/her medical license.
- D. It shall be the duty of the Clinical Director to cooperate with the Hospital and Nursing Home Administrator and the Governing Body in enforcing automatic suspensions.

ARTICLE IX: FAIR HEARING APPEALS PROCESS

Section 1 - Right to Access to Fair Hearing Appeals Process:

- A. When any practitioner receives notice of a recommendation of the Medical Staff or Executive Committee that, if ratified by decision of the Governing Body, will adversely affect his/her reappointment to or status as a member of the Medical Staff, or his/her exercise of clinical privileges, such as:

- denial of reappointment
- suspension of staff membership
- revocation of staff membership
- denial of requested advancement in staff category
- reduction in staff category
- denial of requested clinical privileges
- reduction in clinical privileges
- suspension of clinical privileges
- revocation of clinical privileges

He/she shall be entitled to access to the Fair Hearing Appeals Process before a final decision is made by the Governing Body.

- B. All appeals shall be in accordance with the procedural safeguards set forth in this Article IX, to assure that the affected practitioner is accorded all rights to which he/she is entitled.

Section 2 - Process for a Fair Hearing Appeal:

- A. Any practitioner who receives notice of an adverse recommendation regarding medical appointment, clinical privileges, or professional conduct, will have ten days from receipt of notice to request in writing an appeal of that recommendation. Such request should be made to the Clinical Director. Failure to request an appeal within ten days shall terminate all rights to appeal.
- B. Within ten days of receipt of a request for appeal, the Clinical Director and the Governing Body shall select a three person appeal panel. This panel shall be comprised of three practitioners, either from within or outside the Medical Staff, but who were not previously involved in making the adverse recommendation.
- C. The Clinical Director and the affected practitioner shall jointly schedule a date, time, and place for the hearing. This hearing shall take place no later than 30 days from selection of the panel.

- D. The affected practitioner shall be entitled, if desired, to be accompanied and represented at the hearing by another practitioner. The affected practitioner is permitted to invite any witnesses having evidence or testimony pertinent to the situation. The Clinical Director shall represent the Medical Staff or the Executive Committee position. No attorneys shall be permitted at the hearing.
- E. The panel's decision shall be communicated in writing to the Governing Body within three days. The Governing Body shall consider the Medical Staff/Executive Committee's recommendations and the panel's decision, and will make a final and binding determination on the matter within seven days. This determination shall be communicated in writing to the practitioner and Clinical Director.

ARTICLE X: CLINICAL DIRECTOR

Section 1 - Appointment of Clinical Director:

The Governing Body appoints the Clinical Director who shall serve until resignation or replacement by the Governing Body.

Section 2 - Term of Officers:

Officers shall serve as appointed until the Governing Body reappoints another Clinical Director.

Section 3- Duties of Clinical Director:

- A. Clinical Director: The Clinical Director shall serve as the chief administrative officer and chairperson of the Medical Staff to:
 - 1. Act in coordination and cooperation with the Administrative Staff of the Hospital in all matters of mutual concern within the Hospital;
 - 2. Call, preside at, and be responsible for the agenda of all Medical Staff meetings;
 - 3. Be accountable to the governing body, through the executive sessions, for monitoring the quality and efficiency of clinical services and the effectiveness of quality assessment and improvement functions delegated to the Medical Staff;
 - 4. Serve as member of other Medical Staff committees as assigned;
 - 5. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with the procedural safeguards in all instances where corrective action has been requested against a practitioner;

6. Appoint committee members to all standing, special, and multi-disciplinary Medical Staff committees, and appoint Medical Staff members in conjunction with other administrative staff, to serve on the necessary committees of the Hospital;
7. Communicate and represent the views, policies, needs, and grievances of the Medical Staff to the governing body and to the Inpatient Services Director;
8. Receive and interpret the policies of the governing body to the Medical Staff, and ensure the effective function of methods for credentials review and for delineation of privileges and quality assurance activities.
9. Be responsible for the educational activities of the Medical Staff.
10. Be the spokesperson for the Medical Staff in its external professional and public relations.
11. Supervision of psychiatric residents.
12. To inform the Medical Staff members on the accreditation status of the Hospital. He/she shall see that the Medical Staff members are actively involved in the accreditation process; this shall include participation in the hospital survey, and particularly in the summation conference. He/she shall identify areas of suspected noncompliance, and inform the administrative officer in charge of the accreditation process, and take appropriate action.

ARTICLE XI: DUTIES OF MEDICAL STAFF AND EXECUTIVE COMMITTEE

Section 1: Medical Staff:

- A. Composition: All physicians holding appropriate licenses, who have been granted privileges to attend patients in the Hospital and who are eligible to vote on Medical Staff matters.
- B. Duties: The duties of the Medical Staff shall be:
 1. To coordinate the activities and general policies of the Hospital in relation to the Medical Staff;
 2. To receive and act upon reports and recommendations from special committees and officers of the Medical Staff and/or Hospital;
 3. To implement policies of the Medical Staff not otherwise the responsibility of any other aspect of the organization and to review such policies at least every three years;
 4. To provide liaison between its members and the Administrative Staff of the Hospital;

5. To recommend action to the Hospital and Nursing Home Administrator on matters of a medical/ administrative nature;
6. To make recommendations on hospital management matters to the Director of Nursing Hospital. Such recommendations shall be consistent with the mission and philosophy of the Hospital, and shall have particular emphasis on the Medical Staff component of the organization;
7. To fulfill its accountability to the governing body for the medical care rendered to patients in the Hospital;
8. To review credentials of all applicants and to make recommendations for staff membership, reassignments, delineation of clinical privileges. Such credentials will be reviewed upon the recommendation of the Clinical Director. Duties will be to:
 - a. Review, evaluate, and verify the character, qualifications, competence, and performance of each applicant for initial appointment, reappointment, or modification of appointment, and for clinical privileges, and make appropriate recommendations.
 - b. Make recommendations to the Governing Body on the qualifications of each applicant for staff membership and for particular clinical privileges.
 - c. In addition to verification of competence and performance, reappraisal parameters shall include: the individual's maintenance of timely, accurate, and complete medical records; his/her attendance at required staff meetings; his/her service on Medical Staff and Hospital committees when requested; his/her patterns of care, as demonstrated by Quality Assessment/Improvement Program; Clinical Director assessment; and his/her documented appropriate continuing medical education.
 - d. The Medical Staff will review and approve the methods for determining the profiles of clinical privileges developed by each discipline (psychiatry, internal medicine).
 - e. The Medical Staff shall have the authority to require the individual to submit any required evidence of his/her current health status.
9. To review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges, and as a result of such reviews, to make recommendations for reappointment and renewal, or changes in clinical privileges; and
10. To participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs.

Section 2: Executive Committee:

- A. Composition: The Executive Committee shall be a standing committee, and shall consist of the officers of the Medical Staff, members of the Active Medical Staff, invited members of the Courtesy Medical Staff, representative of the Governing Body and non-voting administrative representatives. The Clinical Director shall serve as Chair and the Inpatient Services Director shall serve as Vice-Chair.
- B. Duties: The duties of the Executive Committee shall be:
1. To consider and make recommendations regarding corrective action/summary suspension actions involving members of the Medical Staff;
 2. To administer the Medical Staff's Quality Assessment and Improvement program including peer review, drug utilization review, and clinical pertinence review; and
 3. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the invitation of and/or participation in Medical Staff corrective or review measures, when warranted.

ARTICLE XII: MEDICAL STAFF MEETINGS

Section 1: Regular Meetings:

Regular meetings of the Medical Staff will be held at least six times a year for the purpose of transacting such business as may come before the Medical Staff, and to provide an educational forum. The agenda of such meeting should include such reports of the review and evaluation of the work done in the clinical departments, and the performance of the required Medical Staff functions. All regular meetings shall be at such day and hour as the Clinical Director shall designate in the call and notice of the meeting.

Section 2: Special Meetings:

The Clinical Director may call a special meeting of the Medical Staff at any time. The Clinical Director shall call a special meeting within 15 days after receipt by him/her of a written request for same, signed by no less than one-fourth of the Active Staff, and stating the purpose for such meeting. The Clinical Director shall designate the time and place of any special meeting.

- A. Written or printed notice stating the place, day, and hour of any special meeting of the Medical Staff shall be delivered either personally or by mail to each member of the Medical Staff prior to the meeting. No business shall be transacted at any special meeting, except that stated in the notice calling the meeting.

Section 3: Quorum:

The presence of thirty-three percent of the total membership of the Active Medical Staff at any regular or special meeting shall constitute a quorum for purposes of amendment of these Bylaws, and for all other transactions.

Section 4: Attendance Requirements:

Each member of the Active Medical Staff shall be required to attend at least 50 percent of all regular Medical Staff meetings in each year. Unless excused by the Clinical Director, the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action. Reinstatement of staff members whose membership has been revoked because of absence from staff meetings shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.

Section 5: Agenda:

- A. Agenda: The agenda at any regular Medical Staff meeting shall be determined by the Clinical Director. Any staff member may request placing items of concern on the agenda.
- B. The agenda at special meetings shall be:
 - 1. Reading of the notice calling the meeting.
 - 2. Transaction of business for which the meeting was called.
 - 3. Adjournment.

ARTICLE XIII: EXECUTIVE COMMITTEE MEETINGS

Section 1: Regular Meetings:

The Executive Committee meetings shall be held six times per year, immediately following the conclusion of the Medical Staff meetings.

Section 2: Special Meetings:

A special meeting of the Executive Committee may be called by, or at the request of, the Clinical Director, or by one-third of the Executive Committee members, but not less than two members.

Section 3: Notice of Meetings:

Written or oral notice stating the place, day, and hour of any regular or special meeting shall be given to each member of the Committee.

Section 4: Quorum:

Thirty-three percent of the membership of the Executive Committee, but not less than two members, shall constitute a quorum at any meeting.

Section 5: Manner of Action:

The action of a majority of the members present at a meeting in which a quorum is present shall be the action of the Committee. Action may be taken without a meeting by unanimous consent in writing (setting forth the actions so taken), signed by each member entitled to vote thereat.

- A. A practitioner whose patients' clinical course is scheduled for discussion at any regular meeting or conference shall be so notified, and shall be expected to attend such meeting. If such practitioner is not otherwise required to attend such meeting, the Clinical Director shall, through the Inpatient Services Director, give the practitioner advance written notice of the time and place of the meeting at which his/her attendance is expected.
- B. Failure by a practitioner to attend any meeting with respect to which he/she was given notice that attendance was mandatory, unless excused by the Clinical Director upon a showing of good cause, shall result in an immediate suspension of all or such portion of the practitioner's clinical privileges as the Executive Committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary. In all other cases, if the practitioner shall make a timely request for postponement supported by an adequate showing that his/her absence will be unavoidable; such presentation may be postponed by the Clinical Director, until not later than the next regular meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

ARTICLE XIV: CONFIDENTIALITY, IMMUNITY FROM LIABILITY

Section 1: Special Definitions:

For the purpose of this Article, the following definitions shall apply:

- A. Information: Means record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to any of the following subjects:
 - 1. Applications for appointment or clinical privileges,
 - 2. Periodic reappraisals for reappointment or clinical privileges,
 - 3. Corrective action, including summary suspension,
 - 4. Hearings and appellate reviews,
 - 5. Medical care evaluations, (refer to Wisconsin Statutes 146.37),
 - 6. Utilization reviews, and
 - 7. Other hospital or committee activities related to quality of patient care and interprofessional conduct.

- B. Malice: Means the intentional dissemination of a known falsehood or of information with a reckless disregard for whether or not it is true or false.
- C. Representative: Means a board, any director or committee thereof; an administrator; a medical staff organization or officer, committee thereof; and any individual authorized by any of the foregoing to perform specific information-gathering or disseminating functions.
- D. Third Parties: Means both individuals and organizations providing information to any representative.

Section 2: Authorizations and Conditions:

By applying for or exercising clinical privileges, or providing specified patient care services within this Hospital, a practitioner:

- A. Authorizes representatives of the Hospital and the Medical Staff to solicit, provide, and act upon information bearing on his/her professional ability and qualifications;
- B. Agrees to be bound by the provisions of this Article, and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article; and
- C. Acknowledges that the provisions of this Article are express conditions to his/her application for or acceptance of staff membership, or his/her exercise of clinical privileges or provision of specified patient services at this Hospital.

Section 3: Confidentiality of Information:

Information with respect to any practitioner submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff, for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to medical research shall, to the fullest extent permitted by law, be confidential, and shall not be disseminated to anyone other than a representative of the Medical Examining Board, as required by law, or used in any way except as provided by third parties. This information shall not become part of any particular patient's file or of the general hospital records.

Section 4: Immunity from Liability:

The following shall be express conditions to any practitioner's application for the exercise of clinical privileges at this Hospital:

That any act, communication, report, recommendation, or disclosure with respect to any such practitioner performed or made in good faith and without malice, and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

That such privilege shall extend to members of the Hospital's Medical Staff and of its Governing Body, its other practitioners, its administrative officers, and to third parties who supply information to any of the foregoing authorized to receive release or act upon the same.

That there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

That such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to that information stated in Section 1A of this Article (XIV).

That the acts, communications, reports, recommendations, and disclosures referred to in this Article XIV may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

That in furtherance of the foregoing each practitioner shall, upon request of the Hospital, execute releases in accordance with the tenor and import of this Article XIV in favor of the individuals and organizations specified in paragraph 3, subject to such requirements, including those of good faith, absence of malice, and the exercise of a reasonable effort to ascertain truthfulness as may be applicable under the law of this state.

That the contents, authorizations, releases, rights, privileges, and immunities provided in Sections 1 and 2 of Article VI of these Bylaws for the protection of this Hospital's practitioners, other appropriate Hospital officials and personnel, and third parties in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article XIV.

ARTICLE XV: RULES AND REGULATIONS

The Medical Staff shall adopt rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Medical Staff and the Governing Body. These shall relate to the proper conduct of the Medical Staff organizational activities, as well as embody the level of practice that is to be required of each practitioner in the Hospital. Such rules and regulations shall be a part of these Bylaws, and may be amended and appealed at any regular meeting of the Medical Staff, at which a quorum is present, and without previous notice, or at any special meeting of the Medical Staff. Such changes shall become effective upon approval by the governing body.

ARTICLE XVI: AMENDMENTS


These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. To be adopted, an amendment shall require a two-thirds vote of the members of the Active Medical Staff present, provided that at least thirty-three percent of the

members of such staff are present. Amendments so made shall be effective when approved by the governing body. These Bylaws shall be reviewed bi-annually and revised as necessary.

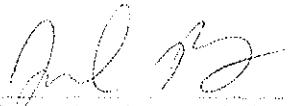
ARTICLE XVII: ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Medical Staff, shall replace any previous Bylaws, and shall become effective upon approval by the governing body of the Hospital.

Adopted by the Psychiatric/Medical Staff on March 10, 2015.

 3/11/15

Yogesh C. Pareek, M.D., Clinical Director

 3/12/15

Jordon Bruce, Interim Hospital and Nursing Home Administrator

 3/12/15

Nancy Fennema, Interim Human Services Director

Representative of the Governing Body

**BROWN COUNTY COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
RULES AND REGULATIONS**

SECTION I: ADMISSION AND DISCHARGE:

1. Only physicians granted Medical Staff membership and clinical privileges may admit and/or treat patients at this Hospital.
2. In all cases of non-emergency voluntary admissions to this Hospital, a provisional diagnosis or valid reason for admission must either precede or accompany the patient. In addition, current medications, which are to be continued in the Hospital, and any other orders necessary for the care of the patient in the first 24 hours, must either precede the patient or be called to the nursing unit upon admission.
3. All patients shall be attended by members of the Medical Staff, and shall be assigned to the psychiatric inpatient unit. In the case of a patient requiring admission who has no practitioner, he/she shall be assigned to the practitioner for the service to which the illness of the patient indicates assignment.
4. In the event of a Hospital death, the deceased shall be pronounced dead by the attending practitioner or his/her designee as soon as possible. Policies with respect to the release of dead bodies shall conform to local and state law.
5. The Hospital shall admit patients suffering from all types of psychological diseases.
6. Patients shall be discharged only on a written order of the attending practitioner. Should a patient leave the Hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record.
7. If a client elopes from the facility, discharge should occur within 24 hours.

These parameters can be adjusted on an individual basis at the discretion of the attending psychiatrist.

8. Practitioners admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for whatever cause.

SECTION II: EMERGENCY CARE:

Emergency psychiatric care at the Brown County Community Treatment Center shall be provided through 24-hour, on-call Medical Staff coverage. The Medical Staff has delegated the authority to the RN-Charge Nurse to screen and assess clients presenting to the hospital with a potential medical/psychiatric emergency.

In cases of medical/psychiatric emergencies, the doctor will be notified. An order will be given to nursing staff for care until rescue squad arrives. A transfer order will be given by the physician and orders will be signed within 24 hours.

SECTION III: MEDICAL RECORDS:

1. The attending practitioner shall be responsible for the preparation of a complete medical record for each client. This record shall include identification data, complaint, personal history, family history, history of present illness, physical examination, special reports such as consultation, clinical laboratory, x-ray, and other reports, provisional diagnosis, and discharge summary. A discharge summary will be required for all cases of death, regardless of the length of stay.
2. A medical record shall not be permanently filed until it is completed by the responsible practitioner, or is ordered filed by the Hospital Administrator or designee.
3. Pertinent progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible, each of the client's clinical problems should be clearly identified in the progress notes, with correlation and reference to the specific orders as well as the results of tests and treatment. Progress notes shall be written daily for those where there is difficulty in diagnosis or management of the clinical problem. Otherwise, progress notes shall be recorded no less than weekly. In the absence of a child psychiatrist, weekly child and adolescent progress notes written by other disciplines will be authenticated by the countersignature of the treating psychiatrist.
4. A history and physical examination to screen for medical problems related to a psychiatric illness shall be recorded within 24 hours of admission. This report should include all pertinent findings resulting from an assessment of all systems of the body. We do not screen for cancer. If a screening history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the client's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports are updated, including any changes in the client's condition, by a member of our Medical Staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. If the client is readmitted within one month's time for the same condition, an interval note shall be sufficient.
5. Initial Psychiatric Evaluations are to be done within 60 hours of admission for all clients, and will contain a medical history, record of mental status, onset of illness and circumstances leading to admission, description of attitudes and behaviors, estimate intellectual functioning, memory

functioning, and orientation, and include an inventory of the client's assets in descriptive, not interpretive fashion.

6. All current and completed records are the property of the Hospital, and shall not be removed from the Hospital complex without a court order, subpoena, or per state statute. This shall apply whether the patient is attended by the same practitioner or by another; also to copies of records, except as released upon authority of the practitioner and the patient, or a responsible representative of the patient.
7. In cases of re-admission of a patient, all previous records shall be available for use by the attending practitioner.
8. Consultations shall show evidence of an examination of the patient and review of the record by the consultant. This report shall be made a part of the patient's record. A limited statement, such as "I concur" does not constitute an acceptable report of consultation.
9. All clinical entries to the patient's medical record shall be accurately dated, timed, and authenticated and legible.
10. Final diagnosis shall be recorded in full without the use of symbols or abbreviations, dated, and signed by the responsible practitioner at the time of discharge of all patients. This will be deemed equally important as the actual discharge order.
11. A discharge summary shall be written or dictated on medical records of all clients according to the following guidelines:
 - a. Psychiatrists and psychologists may dictate discharge summaries as outlined in the Bylaws;
 - b. All required elements will be addressed in the discharge summary, to include recapitulation of the client's hospitalization and recommendations from appropriate services concerning follow-up or aftercare, as well as a brief summary of the client's condition on discharge, and final psychiatric diagnosis;
 - c. Discharge summaries will be done on all clients, including those admitted for alcohol detoxification.
 - d. A complete discharge summary will be done on all deaths that occur at the Community Treatment Center, regardless of the length of stay.
 - e. Discharge summaries will be done as follows:
 - 1) If a client is discharged within 60 hours of admission, a short stay summary will be done. Dictation will be completed within one week of discharge.
 - 2) If the client stay is greater than 60 hours, a psychiatric evaluation and a discharge

summary will be done. The psychiatric evaluation must be done within 60 hours of admission.

f. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and the end results. All discharge summaries shall be authenticated by the responsible practitioner. The Clinical Director/attending physician shall review and co-sign a representative sampling of a resident physician's discharge summaries and treatment plans.

12. The medical record, including discharge summaries, must be completed within 30 days of discharge by the attending practitioner or his/her designated practitioner, as authorized in the Medical Staff Bylaws. The Health Information Manager or designee will notify the practitioner of his/her delinquent status, with copies of the notice to the Clinical Director and the Administrator of the Hospital.

If these records are not completed within five (5) days, the Health Information Manager will notify the Hospital Administrator. The Hospital Administrator will personally notify the practitioner that:

1. He/she has 24 hours in which to complete the delinquent records. The practitioner will make arrangements with another practitioner to assume their duties while they complete their delinquent records. They will not be assigned any new cases until their records are complete; and
 2. continued noncompliance may result in fines, and
 3. if noncompliance in completing medical records continues, the Delinquent Record List will be presented to the Quality Assurance Committee for more aggressive action, and
 4. this action will be reflected in the practitioner's performance evaluation.
13. Written consent of the client is required for release of protected health information to persons not otherwise authorized to receive this information. In the event that the client is unable to provide written consent, a legal representative may be permitted to give such consent.
 14. Only abbreviations approved by the Medical Staff shall be recorded in the medical records of clients. Exceptions may be allowed for commonly used abbreviations which would be recognized by a person who is not in the medical field, which are often used in the community, and which are not medical or professional terms. These terms need not be listed on the Abbreviation List. These would include such terms as TV, meds, rec'd, etc.

SECTION IV: GENERAL CONDUCT OF CARE:

A. Orders:

1. Orders may be given only by an appointee of the Medical Staff, resident, or Nurse Practitioner to a registered nurse, or other appropriate health professionals (e.g. occupational therapist, pharmacist, dietitian or psychologist).
2. All orders for treatment shall be in writing, and shall be dated, timed, and signed by the responsible practitioner.
3. Nurse practitioner orders for the Community Treatment Center clients are limited to protocols established by the Medical Staff and must be dated, timed, and countersigned by the medical director or physician within 48 hours.
4. Verbal/telephone orders may be given by an authorized practitioner only to a registered nurse and/or pharmacist, occupational therapist, dietitian, psychologist, nurse practitioner or other health professionals as appropriate. Medication orders can be given only to a registered nurse, registered pharmacist, nurse practitioner, or advanced practice nurse prescriber. These orders are to be transcribed into the client's record and dated, timed, and signed by the transcriber. All verbal and telephone orders shall be authenticated, dated, and timed by the prescribing member of the medical staff in writing within 24 hours of receipt.
5. Categories of verbal orders which may be transmitted by a third party (such as a physician's office assistant), rather than directly from a practitioner or duly-authorized allied health professional may be defined in the hospital procedure with approval of the Clinical Director. Such categories of orders shall not include a reference to orders for medications requiring prescription drugs, parenteral fluids, and restraint/seclusion. Such verbal orders shall be dated, timed, and signed by the person who transcribed the order, noting the name of the practitioner and the name of the individual relaying the order per the transcriber's name. The prescribing practitioner must assume responsibility for orders transmitted in such a manner.

A member of the Medical Staff must sign, date, and time verbal orders for restraint/seclusion within 24 hours. Such orders shall be considered to be in writing.

At all times, health professionals duly authorized to accept verbal orders are to exercise sound professional judgment in accepting all such orders, and shall retain the right to request direct clarification of these orders from the practitioner.

6. Standing orders and/or instruction sheets shall be instituted only after approval of the Medical/ Administrative Staff Committee. Such standing orders and/or instruction sheets shall be reviewed at least annually and revised as necessary. All standing orders and/or instruction sheets must be dated, timed, and signed by the responsible practitioner when utilized, as required for all orders for treatment.
7. Medications shall not be discontinued without notifying the practitioner. If an order expires at night, it should be called to the attention of the practitioner the following

morning, and shall remain in effect for the condition for which it was originally ordered until the practitioner is reached.

8. Orders for medications shall be written in the metric system and include the specific dosage, frequency of dosage, route of administration, and any necessary instructions. PRN orders should specify indication for which the drug is to be administered.
9. Orders for medications shall be written in the metric system and include the specific dosage, frequency of dosage, route of administration, and any necessary instructions. PRN orders should specify indication for which the drug is to be administered.
10. All drugs and medications administered to patients shall be those listed in the latest drug formulary.
11. As far as possible, the use of proprietary remedies is to be avoided.
12. Any time that a drug is used for a non-approved indication, or the dose is more than the established maximum, the therapy should be considered nonconventional and the following procedures are to be followed:
 - a) Literature explaining the rationale of the therapy should be available in the library and the pharmacy. The physician is to provide this literature or request that the librarian obtain it.
 - b) The treatment objectives are to be stated in the client's records.
 - c) The client should be informed of the possible side effects and why the therapy was chosen.
 - d) Medication article may be placed in the client's chart for staff use, if appropriate.
 - e) Hazardous procedure for Unusual Medication Regimes should be followed.

B. Special Procedures:

All special procedures such as the use of Restraint and Seclusion (R&S) are subject to the policies and procedures regulating their use which have been approved by the Medical Staff and are defined in the Medical Staff Policy and Procedure Manual.

C. Miscellaneous:

1. In the case of an adverse drug reaction (ADR), the attending physician shall determine that the reaction is untoward and shall document its significance in the clinical record. The Pharmacy Manager will track and quarterly report the ADR data

to the Medical Staff, who will review the significant incidents and recommend actions.

2. Infection Control designates practitioners to have the authority to institute any appropriate control measures or studies when it is reasonably felt that danger to patients, visitors, or personnel exists.
3. The utilization review and quality assurance plans of this Hospital, as approved, will be adhered to by all attending practitioners.
4. Policies and procedures governing the use of various facilities of the Hospital, preparation of medical records, specialized forms of treatment, disposal of specimens, etc., when determined and published by authorized committees and approved by the Administrative Staff of the Hospital, shall be adhered to by all attending practitioners, and said practitioners are responsible for remaining abreast of all current directives.

**BROWN COUNTY COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
RULES AND REGULATIONS**

The Medical Staff Rules and Regulations have been approved as of March 10, 2015.

Yogesh Pareek, MD
Clinical Director

3/11/15

Date

Jordon Bruce, Interim Hospital and Nursing Home Administrator

3/12/15

Date

Nancy Femema
Interim Human Services Director

3/12/15

Date

Revised: 11/30/92; 3/21/94; 6/94; 9/95; 9/96; 8/97; 9/99; 11/99; 9/00; 12/00; 5/01; 3/02; 7/16;
10/02; 10/03; 10/04; 7/05; 9/05; 4/06; 11/07; 4/08; 7/15/08; 07/31/09; 05/11/10;
07/10/12; 09/10/13; 11/11/14; 3/2/15

HUMAN SERVICES DEPARTMENT

Policies and Procedures



Policy Title:	Quality Assurance and Performance Improvement	Page:	1 of 3
Division:	Brown County Community Treatment Center: Psychiatric Hospital	Effective:	02/27/2015
		Revised:	02/27/2015
		Reviewed:	N/A

POLICY:

It is the policy of the Nicolet Psychiatric Center to participate in a quality assurance and performance improvement process throughout the calendar year.

SCOPE/INTENT:

To ensure that the facility maintains a high standard of quality in the way we work and the services we deliver. The facility aims to be continually improving and providing the best quality care to the clients it serves.

DEFINITION:

Quality Assurance (QA): Quality assurance is the process of meeting quality standards and assuring that care reaches an acceptable level. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.

Performance Improvement (PI): Performance improvement is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems.

Quality Assurance and Performance Improvement (QAPI): QAPI is the merger of two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI). QAPI is a data-driven, proactive approach to improving the quality of life, care, and services in health care settings. The activities of QAPI involve members at all levels of the organization to:

- Identify opportunities for improvement;
- Address gaps in systems of processes;
- Develop and implement an improvement or corrective plan; and
- Continuously monitor effectiveness of interventions.

ROLE AND RESPONSIBILITIES IN QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

MEMBERSHIP:

The QAPI committee is led by the Quality Assurance Coordinator and QAPI Chair. The committee is comprised of members of the facilities multidisciplinary team listed below.

Quality Assurance Coordinator: Currently assigned to Nutritional Services Manager

QAPI Chair: Currently assigned to Health Information Services Manager

- Administrator
- Human Services Director
- Human Services Board Member (Governing Body)

- Medical Director
- Clinical Director
- Director of Nursing, Hospital
- Director of Nursing, SNF
- Health Information Services Manager
- Social Services Manager
- Nutritional Services Manager
- Laboratory Services Manager
- Housekeeping Manager
- Facilities Manager
- Nurse Educator/Infection Preventionist
- Accounts, Billing, Collections (ABC) Supervisor
- Life Enrichment Coordinator
- EMR Coordinator
- Pharmacy Representative

MEETINGS:

Meetings will be held quarterly at minimum. Other meetings may be scheduled in addition to the quarterly meetings. In addition, a meeting will be held in December to finalize the QAPI plan for the next calendar year.

FUNCTION:

Each year the QAPI Committee will develop a plan that includes department quality assurance audits, performance improvement projects, meeting structures, data collection methods, and other information as needed. Other functions of the QAPI Committee include but are not limited to:

- Design and maintain QAPI structure and processes that support continuous quality improvement, including measurement, analysis, intervention and re-measurement.
- Comply and coordinate with state and federal regulations, facility policies, and standards as set forth by other regulatory or accrediting bodies.
- Establish clinical and service monitors and guidelines that reflect epidemiological characteristics of the residents, including benchmarks and performance goals for periodic monitoring and evaluation.
- Establish priorities for the investigation and resolution of concerns and problems focusing on those with the greatest potential impact on client care outcomes and client satisfaction.
- Ensure consumer safety specifically through monitoring medication errors and adverse patient events. Complete causal analysis and implement preventative action.
- Define, implement, evaluate, and document the effectiveness of corrective actions as related to client care improvement.
- Ensure coordination and integration of all QAPI activities by means of a QAPI Committee through which information from clinical services will be exchanged and evaluated.
- Provide and promote educational opportunities to all staff related to the principles and methods of CQI (Continuous Quality Improvement).

- Encourage participation in performance improvement projects by staff on all levels.

OVERSIGHT

The Governing Body of the hospital will have one member designated to participate in the QAPI committee. In addition, the QAPI Coordinator will provide a written summary report of QAPI activities to the Governing Body on a quarterly basis. The QAPI summary report will include QAPI data, subsequent actions, and outcomes.

REFERENCES:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html>; accessed 2/27/2015

FORMS/ATTACHMENTS:

Community Treatment Center Administrator

Date

Clinical Director

Date

Medical Director

Date

Human Services Executive Director

Date



Human Services Department Policies and Procedures

Policy Title:	Sentinel Event Management	Page:	1 of 3
Division:	Brown County Community Treatment Center	Effective:	02/27/2015
		Revised:	02/27/2015
		Reviewed:	N/A

POLICY: It is the policy of Brown County Community Treatment Center to provide direction on how we define, identify, report, analyze, and prevent sentinel events. All sentinel events will be investigated and analyzed to develop strategies to minimize the risk of their recurrence. All staff involved in a sentinel event will be supported and valued for their collaboration with fact finding and investigating.

DEFINITION:

Sentinel Event: A sentinel event is a client and resident safety event (not primarily related to the natural course of the client and resident's illness or underlying condition) that reaches a client and resident and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

An event is also considered sentinel if it is one of the following:

- A. Suicide of any client and resident receiving care, treatment, and services in a staffed around-the-clock setting or within a timeframe defined by regulation following discharge;
- B. Abduction of any client or resident receiving care, treatment, and services;
- C. Any elopement (unauthorized departure) of a client and resident from a staffed around-the-clock care setting, leading to death, permanent harm, or severe temporary harm to the client and resident;
- D. Any unanticipated (*unexplained*) client and resident death or major permanent loss of function not related to the natural course of the client and resident's illness or underlying condition. Note: A distinction is made between an adverse outcome that is primarily related to the natural course of the client and resident's illness or underlying condition (**not** reviewable under the Sentinel Event Policy) and a death or major permanent loss of function that is associated with the treatment (including "recognized complications") or lack of treatment of that condition, or otherwise not clearly and primarily related to the natural course of the client and resident's illness or underlying condition (reviewable under the Sentinel Event Policy).

In indeterminate cases, the event will be presumed reviewable, and the hospital's response is reviewed under the Sentinel Event Policy according to the prescribed procedures and time frames without delay for additional information such as autopsy results.

- E. Any client and resident death, paralysis, coma, or other major permanent loss of function associated with a seclusion or restraint.
- F. Any client and resident death, paralysis, coma, or other major permanent loss of function associated with a medication error.
- G. Death due to physical restraint or psychotropic medication.
- H. Any elopement (Absence Without Leave) of a client and resident resulting in a temporally related death (suicide or homicide) or major permanent loss of function.
- I. Assault, homicide, or other crime resulting in client and resident death or major permanent loss of function.
- J. A client and resident fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
- K. Discharge of a Client or Resident to the wrong family/guardian, or abduction of any client and resident.
- L. Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at BCCTC;
- M. Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any client or resident receiving care, treatment, and services while on site at BCCTC.

Note: It is not expected that organizations implement a tracking of all discharges, only to conduct a root cause analysis if we become aware of such an event.

Root Cause Analysis (RCA): RCA is a formal process for identifying the most basic or causal factors that underlie a variation in performance. It focuses on organizational systems and processes and on changes that can be made to improve performance and reduce the risk of the recurrence of a serious adverse event. The practice of RCA is predicated on the belief that problems are best solved by attempting to correct or eliminate root causes, as opposed to merely addressing the immediately obvious symptoms. By directing corrective measures at root causes, it is hoped that the likelihood of problem recurrence will be minimized. Additionally, an RCA may be conducted for "near misses" or other serious risk incidents deemed appropriate.

PROCEDURE:

Identification:

- A. A sentinel event is identified and reported to the Hospital and Nursing Home Administrator or designee. This includes occurrences suspected of meeting sentinel event criteria.

Reporting:

- A. Staff will document and prepare the incident.
- B. Department Director/Manager/Supervisor or designee prepares a detailed timeline of the event.
- C. An RCA meeting is scheduled within 24-72 hours. All staff involved are invited to attend the RCA/debriefing.

Analysis and Prevention of Sentinel Events:

- A. A multi-disciplinary group will meet to complete and document the RCA. The membership of the group will be dependent upon the issue.
- B. The RCA will focus primarily on systems and processes, not individual performance, and should address all areas appropriate to the specific type of event.
- C. The RCA action plan:
 1. Will identify changes that can be implemented to reduce risk;
 2. Will formulate a rationale for not undertaking such changes, if a decision is made to not undertake a particular change; will identify who is responsible for implementation of improvement actions planned;
 3. Will define when the action will be implemented included any pilot testing;
 4. Will define how the effectiveness of the actions taken will be evaluated.
- D. Once the RCA is complete, it will be communicated to all applicable staff to provide input as well as assure action plans are implemented and results obtained.
- E. BCCTC tracks the completion of the risk reduction strategies and action steps via its Quality Assurance Performance Improvement meetings and documents this in the minutes.

Tools and Resources:

- Death Audit Form
- RCA Worksheet
- RCA Flowchart
- RCA Tool for Occurrence Reporting

Director of Nurses Nursing Home

Date:

Director of Nurses Hospital

Date:

Hospital and Nursing Home Administrator

Date:

BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6064 Fax (920) 448-6126

Tim Schmitt, Budget and Finance Director

To: Human Services Board, Human Services Committee

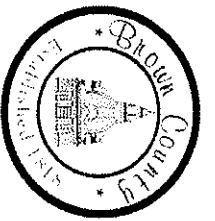
Date: April 1, 2015

Subject: 2014 Pre-Audit financial results for Community Programs and Community Treatment Center

Shortfalls were recognized in the Community Treatment Center due to the CBRF being budgeted for eight clients, but only averaging five clients in 2014. In addition, Community Programs revenue was reduced by \$409,000 due to lower claimable costs for Wisconsin Medicaid programs and an additional \$157,000 for lower child care revenue. Additional costs of \$666,000 were recognized due to more children requiring out of home care and \$354,000 for high cost clients. A portion of Community Programs shortfalls were offset by savings of \$539,000 in personnel costs.



Turning
Brown
Green



Community Programs Pre-Audit

Through 12/31/14
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Budget	Amendments	Budget	Transactions	Encumbrances	Transactions	Transactions	Rec'd	Prior Year Total
Fiscal Year - CP									
REVENUE									
Property taxes	15,246,722.00	.00	15,246,722.00	1,270,560.13	.00	15,246,722.00	.00	100	16,024,172.00
Intergov Revenue	80,825,544.00	1,198,545.00	82,024,089.00	4,550,672.74	.00	80,599,507.26	1,424,581.74	98	77,622,645.53
Public Charges	2,182,490.00	.00	2,182,490.00	169,790.47	.00	2,083,562.35	98,927.65	95	2,001,809.54
Miscellaneous Revenue	110,576.00	.00	110,576.00	10,778.13	.00	43,747.97	66,828.03	40	27,006.46
Other Financing Sources	30,300.00	20,673.00	50,973.00	4,565.00	.00	53,090.04	(2,117.04)	104	84,612.09
REVENUE TOTALS	\$98,395,632.00	\$1,219,218.00	\$99,614,850.00	\$6,006,366.47	\$0.00	\$98,026,629.62	\$1,588,220.38	98%	\$95,760,245.62
EXPENSE									
Personnel Costs	21,015,674.00	2,072.00	21,017,746.00	2,223,983.14	.00	20,478,657.25	539,088.75	97	19,191,476.87
Operating Expenses	77,529,143.00	1,197,176.00	78,726,319.00	5,017,384.33	.00	78,857,280.11	(130,961.11)	100	76,872,693.26
Outlay	19,500.00	20,000.00	39,500.00	20,425.00	.00	20,000.00	19,500.00	51	16,531.50
EXPENSE TOTALS	\$98,564,317.00	\$1,219,248.00	\$99,783,565.00	\$7,261,792.47	\$0.00	\$99,355,937.36	\$427,627.64	100%	\$96,080,701.63
Fiscal Year - CP									
REVENUE TOTALS	98,395,632.00	1,219,218.00	99,614,850.00	6,006,366.47	.00	98,026,629.62	1,588,220.38	98	95,760,245.62
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EXPENSE TOTALS	98,564,317.00	1,219,248.00	99,783,565.00	7,261,792.47	.00	99,355,937.36	427,627.64	100	96,080,701.63
Fiscal Year - CP									
REVENUE TOTALS	98,395,632.00	1,219,218.00	99,614,850.00	6,006,366.47	.00	98,026,629.62	1,588,220.38	98	95,760,245.62
EXPENSE TOTALS	98,564,317.00	1,219,248.00	99,783,565.00	7,261,792.47	.00	99,355,937.36	427,627.64	100	96,080,701.63
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Fiscal Year - CP									
REVENUE TOTALS	98,395,632.00	1,219,218.00	99,614,850.00</						



CTC Pre-Audit

Through 12/31/14
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Revised 630 - CTC									
REVENUE									
Property Taxes	2,597,267.00	.00	2,597,267.00	216,438.88	.00	2,597,267.00	.00	100	3,236,508.00
Intergov Revenue	5,959,474.00	.00	5,959,474.00	338,037.09	.00	4,131,030.13	1,828,443.87	69	3,873,756.80
Public Charges	4,233,637.00	.00	4,233,637.00	66,885.24	.00	3,984,123.24	249,513.76	94	4,500,222.74
Miscellaneous Revenue	624,600.00	.00	624,600.00	216,902.00	.00	1,631,241.47	(1,006,641.47)	261	368,368.17
Other Financing Sources	.00	44,570.00	44,570.00	129,746.79	.00	139,932.79	(95,362.79)	314	1,784,783.11
REVENUE TOTALS	\$13,414,978.00	\$44,570.00	\$13,459,548.00	\$968,010.00	\$0.00	\$12,483,594.63	\$975,953.37	93%	\$13,763,638.82
EXPENSE									
Personnel Costs	9,632,125.00	44,570.00	9,676,695.00	743,029.75	.00	9,525,447.35	151,247.65	98	9,949,951.67
Operating Expenses	4,503,013.00	.00	4,503,013.00	421,240.37	.00	4,437,378.07	65,634.93	99	4,626,201.68
Outlay	.00	.00	.00	.39	.00	.39	(.39)	+++	(418.00)
EXPENSE TOTALS	\$14,135,138.00	\$44,570.00	\$14,179,708.00	\$1,164,270.51	\$0.00	\$13,962,825.81	\$216,882.19	98%	\$14,575,735.35
Revised 630 - CTC Totals									
REVENUE TOTALS	13,414,978.00	44,570.00	13,459,548.00	968,010.00	.00	12,483,594.63	975,953.37	93	13,763,638.82
EXPENSE TOTALS	14,135,138.00	44,570.00	14,179,708.00	1,164,270.51	.00	13,962,825.81	216,882.19	98	14,575,735.35
Revised 630 - CTC Totals	(\$720,160.00)	\$0.00	(\$720,160.00)	(\$196,260.51)	\$0.00	(\$1,479,231.18)	\$759,071.18		(\$812,096.53)

**BROWN COUNTY COMMUNITY TREATMENT CENTER
MARCH 2015 BAY HAVEN STATISTICS**

ADMISSIONS	March	Year to Date 2015	Year to Date 2014
Voluntary - Mental Illness	13	42	89
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	0	0	1
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	0	0
Commitment - Mental Illness	0	0	0
Return from Conditional Release	0	0	0
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	13	42	90

ADMISSIONS	March	Year to Date 2015	Year to Date 2014
Bay Haven	13	42	90
TOTAL	13	42	90

ADMISSIONS BY COUNTY	March	Year to Date 2015	Year to Date 2014
Brown	10	33	73
Door	1	1	1
Kewaunee	1	3	2
Oconto	0	0	3
Marinette	0	0	0
Shawano	1	3	0
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	1	3
Manitowoc	0	1	7
Winnebago	0	0	0
Other	0	0	1
TOTAL	13	42	90

NEW ADMISSIONS	March	Year to Date 2015	Year to Date 2014
Bay Haven	11	36	35
TOTAL	11	36	35

READMIT WITHIN 30 DAYS	March	Year to Date 2015	Year to Date 2014
Bay Haven	0	1	10
TOTAL	0	1	10

AVERAGE DAILY CENSUS	March	Year to Date 2015	Year to Date 2014
Bay Haven	1	1	4
TOTAL	1	1	4

INPATIENT SERVICE DAYS	March	Year to Date 2015	Year to Date 2014
Bay Haven	46	130	403
TOTAL	46	130	403

BED OCCUPANCY	March	Year to Date 2015	Year to Date 2014
Bay Haven	10%	10%	30%
TOTAL (15 Beds)	10%	10%	30%

DISCHARGES	March	Year to Date 2015	Year to Date 2014
Bay Haven	12	41	89
TOTAL	12	41	89

DISCHARGE DAYS	March	Year to Date 2015	Year to Date 2014
Bay Haven	41	128	421
TOTAL	41	128	421

AVERAGE LENGTH OF STAY	March	Year to Date 2015	Year to Date 2014
Bay Haven	3	3	5
TOTAL	3	3	5

AVERAGE LENGTH OF STAY BY COUNTY	March	Year to Date 2015	Year to Date 2014
Brown	3	3	5
Door	2	1	5
Kewaunee	3	2	9
Oconto	0	0	3
Marinette	0	0	0
Shawano	4	6	0
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	1	2
Manitowoc	0	1	3
Winnebago	0	0	0
Other	0	1	13
TOTAL	3	3	5

In/Outs	Current	YTD	2014
	1	1	0

**BROWN COUNTY COMMUNITY TREATMENT CENTER
MARCH 2015 NICOLET PSYCHIATRIC CENTER STATISTICS**

ADMISSIONS	March	Year to Date 2015	Year to Date 2014
Voluntary - Mental Illness	6	45	27
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	63	170	183
Court Order Prelim. - Mental Illness	0	0	1
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	3	4	1
Commitment - Mental Illness	0	0	0
Return from Conditional Release	6	25	23
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	78	244	235

ADMISSIONS	March	Year to Date 2015	Year to Date 2014
Nicolet	78	244	235
TOTAL	78	244	235

ADMISSIONS BY COUNTY	March	Year to Date 2015	Year to Date 2014
Brown	57	172	145
Door	1	7	7
Kewaunee	0	4	10
Oconto	3	9	17
Marinette	3	11	5
Shawano	2	10	5
Waupaca	0	1	3
Menominee	0	2	2
Outagamie	1	3	5
Manitowoc	4	15	25
Winnebago	0	0	2
Other	7	10	9
TOTAL	78	244	235

NEW ADMISSIONS	March	Year to Date 2015	Year to Date 2014
Nicolet	40	111	123
TOTAL	40	111	123

READMIT WITHIN 30 DAYS	March	Year to Date 2015	Year to Date 2014
Nicolet	14	37	17
TOTAL	14	37	17

AVERAGE DAILY CENSUS	March	Year to Date 2015	Year to Date 2014
Nicolet	11	10	11
TOTAL	11	10	11

INPATIENT SERVICE DAYS	March	Year to Date 2015	Year to Date 2014
Nicolet	343	920	1008
TOTAL	343	920	1008

BED OCCUPANCY	March	Year to Date 2015	Year to Date 2014
Nicolet	69%	64%	70%
TOTAL (16 Beds)	69%	64%	70%

DISCHARGES	March	Year to Date 2015	Year to Date 2014
Nicolet	82	249	231
TOTAL	82	249	231

DISCHARGE DAYS	March	Year to Date 2015	Year to Date 2014
Nicolet	392	933	1017
TOTAL	392	933	1017

AVERAGE LENGTH OF STAY	March	Year to Date 2015	Year to Date 2014
Nicolet	5	4	4
TOTAL	5	4	4

AVERAGE LENGTH OF STAY BY COUNTY	March	Year to Date 2015	Year to Date 2014
Brown	5	4	4
Door	2	2	4
Kewaunee	0	2	4
Oconto	8	5	4
Marinette	6	4	2
Shawano	6	5	4
Waupaca	4	2	0
Menominee	0	2	15
Outagamie	1	3	4
Manitowoc	4	4	7
Winnebago	0	0	2
Other	2	3	2
TOTAL	5	4	4

In/Outs	Current	YTD	2014
	4	13	7

BELLIN PSYCHIATRIC CENTER
INVOLUNTARY AND VOLUNTARY ADOLESCENT ADMISSIONS
Month Ending: February 2015

Voluntary Admissions	16
Involuntary Admissions	16
Voluntary Inpatient Days	86
Involuntary Inpatient Days	77
Voluntary Avg Length of Stay	5.4
Involuntary Avg Length of Stay	4.81

Report of Child Abuse/Neglect by Month

Month	2014	2015	% Change from 2014 to 2015
January	403	415	2.98%
February	433	403	-6.9%
March	427	444	3.98%
April	485		
May	474		
June	351		
July	308		
August	301		
September	437		
October	438		
November	413		
December	394		
Total	4864		

Reports Investigated by Month

Month	2014	2015	% Increase
January	152	135	-11.18%
February	140	120	-14.29%
March	157	139	11.46%
April	166		
May	157		
June	129		
July	136		
August	108		
September	154		
October	138		
November	113		
December	119		
Total	1669		

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
ADAMS AFH	12/11/14	1/6/15	\$111,218	\$111,218
ADAMS, R AFH	12/11/14	12/22/14	\$27,049	\$27,049
ADULT CARE LIVING OF NE WI	11/20/14	12/8/14	\$205,640	\$205,640
ADRC	11/20/14	12/1/14	\$72,000	\$72,000
ADVOCATES FOR HEALTHY TRANSITIONAL LIVING LLC	12/15/14	1/6/15	\$15,000	\$15,000
ADVOCATES, EXTENSION LLC	1/8/15	1/15/15	\$120,000	\$120,000
AGE WELL CENTRE FOR LIFE ENRICHMENT	1/26/15	1/29/15	\$240,000	\$240,000
AGNESIAN HEALTHCARE INC	12/11/14	2/2/15	\$22,100	\$22,100
ALL ABOUT KIDS, INC.	12/15/14	1/12/15	\$130,800	\$130,800
ANGELS ON ARCADIAN	11/20/14	12/1/14	\$1,531,200	\$2,347,125
ANGELS TOUCH ASSISTED LIVING	11/20/14	1/6/15	\$175,000	\$175,000
ANNA'S HEALTHCARE (COUNTRY LIVING)	11/20/14	12/18/14	\$445,641	\$445,641
ANU FAMILY SERVICES, INC. (FORMERLY PATH)	12/15/14	1/12/15	\$180,000	\$180,000
ARTISAN ASSISTED LIVING	11/20/14	12/22/14	\$480,566	\$480,566
ARTS AFH	11/20/14	11/24/14	\$30,132	\$30,132
ASPIRO INC	1/8/15	1/19/15	\$3,396,518	\$3,396,518
BELLIN HEALTH OCCUPATIONAL HEALTH SOLUTIONS	2/9/15		\$40,000	\$40,000
BELLIN PSYCHIATRIC CENTER	3/12/15		\$10,000	\$10,000
BENNIN, MARILYN	12/15/14	1/26/15	\$9,000	\$9,000
BERGER AFH	11/20/14	11/24/14	\$67,120	\$67,120
BETHESDA	12/11/14	1/6/15	\$14,300	\$14,300
BIRCH CREEK	11/20/14	1/8/15	\$1,235,182	\$1,235,182
BISHOPS COURT	11/20/14	1/8/15	\$1,304,662	\$1,304,662
BOLL ADULT CARE CONCEPTS	12/22/14	1/6/15	\$825,000	\$825,000
BOURASSA AFH	11/20/14	12/9/14	\$18,720	\$18,720
BORNEMANN CBRF	12/11/14	1/6/15	\$282,919	\$282,919
BROTOLOC HEALTH CARE SYSTEMS	12/12/14	1/6/15	\$982,600	\$982,600
BRUNETTE AFH	11/20/14	12/1/14	\$52,152	\$52,152
BRUSS SUPPORTIVE COMMUNITY LIVING	11/20/14	12/4/14	\$273,214	\$273,214
BUSSE AFH	11/20/14	12/1/14	\$66,444	\$66,444
CAPELLE AFH	1/26/15	2/2/15	\$63,572	\$63,572
CARE FOR ALL AGES	12/18/14	1/8/15	\$156,000	\$156,000
CARRINGTON MANOR ASSISTED LIVING	11/20/14	11/25/14	\$92,628	\$92,628
CATHOLIC CHARITIES	12/15/14	12/22/14	\$173,406	\$173,406
CENTERPIECE LLC	12/11/14	12/18/14	\$150,000	\$150,000
CENTURY RIDGE OF GREEN BAY, INC.	11/20/14	12/1/14	\$387,932	\$387,932
CEREBRAL PALSY INC.	1/8/15	1/15/15	\$1,510,200	\$1,510,200
CEREBRAL PALSY OF MIDEAST WI INC	11/20/14	12/9/14	\$4,800	\$4,800
CHILDRENS SERVICE SOCIETY	12/15/14	1/15/15	\$25,000	\$25,000
CHRISTENSEN AFH	11/20/14	12/1/14	\$74,357	\$74,357
CLARITY CARE INC	11/20/14	12/18/14	\$1,838,347	\$1,894,734
COGNITIVE CONCEPTS	11/20/14	1/13/15	\$278,977	\$278,977
COMFORT KEEPERS INC	11/20/14	12/1/14	\$734,494	\$734,494
COMPASS DEVELOPMENT	11/20/14	1/15/15	\$1,198,927	\$1,198,927
COMPASS DEVELOPMENT SHC INC	11/20/14	1/15/15	\$500,000	\$500,000
CONLEY AFH	11/20/14	11/24/14	\$36,645	\$36,645
CONNECTIONS LLC	12/15/14	12/22/14	\$25,000	\$25,000
CURO CARE LLC	12/11/14	1/6/15	\$503,440	\$503,440
DARNELL RECEIVING HOME	12/15/14	2/2/15	\$13,140	\$13,140
DEATHERAGE-VELEKE AFH	11/20/14	12/1/14	\$20,759	\$20,759
DEBAERE AFH	11/20/14	12/11/14	\$69,240	\$69,240
DEER PATH ASSISTED LIVING INC	12/11/14	1/8/15	\$182,500	\$188,815
DODGE COUNTY (DBA CLEARVIEW)	3/2/15		\$285,795	\$285,795
DORN AFH	11/20/14	12/2/14	\$22,008	\$22,008
DUNGARVIN WISCONSIN LLC	11/20/14	12/4/14	\$686,931	\$686,931
DYNAMIC FAMILY SOLUTIONS	12/15/14	1/6/15	\$59,400	\$59,400
EAST SHORE INDUSTRIES	11/20/14	12/1/14	\$46,594	\$46,594
ELSNER AFH	11/20/14	1/26/15	\$14,348	\$14,348
EMERALD SHORES			\$35,000	
ENCOMPASS CHILD CARE	12/15/14	1/6/15	\$15,000	\$15,000
ENGBERG AFH	11/20/14	12/1/14	\$39,216	\$39,216
FAMILY SERVICE OF NORTHEAST WI, INC.	12/15/14	1/6/15	\$2,173,415	\$2,173,415
FAMILY TRAINING PROGRAM	12/15/14	2/2/15	\$155,000	\$155,000
FENLON AFH	11/20/14	12/1/14	\$48,137	\$48,137

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
G & I OCHS INC.	11/20/14	12/1/14	\$1,936,174	\$1,936,174
GAUGER AFH	11/20/14	12/1/14	\$32,844	\$32,844
GOLDEN HOUSE	12/18/14	1/6/15	\$63,086	\$63,086
GOLTZ J. AFH	11/20/14	12/8/14	\$24,360	\$24,360
GONZALEZ AFH	12/18/14	1/19/15	\$79,062	\$79,062
GOODWILL INDUSTRIES	11/20/14	12/1/14	\$77,166	\$77,166
GREEN BAY TRANSIT COMMISSION NO CONTRACT	---	---	\$400,000	\$400,000
GRONSETH AFH	11/20/14	11/25/14	\$44,736	\$44,736
HARMONY LIVING CENTERS LLC	11/20/14	1/6/15	\$221,838	\$221,838
HAUGEN AFH	2/17/15	2/24/15	\$16,435	\$16,435
HEAD AFH	11/20/14	12/1/14	\$87,826	\$87,826
HELPING HANDS CAREGIVERS	11/20/14	12/1/14	\$350,000	\$350,000
HIETPAS AFH	11/20/14	12/1/14	\$24,992	\$24,992
HOEFT AFH	11/24/14	12/2/14	\$29,713	\$29,713
HOME INSTEAD SENIOR CARE	11/20/14	12/8/14	\$200,000	\$200,000
HOMES FOR INDEPENDENT LIVING	11/20/14	12/8/14	\$6,252,622	\$6,461,278
IMPROVED LIVING SERVICES	12/22/14	1/6/15	\$943,100	\$943,100
INFINITY CARE INC	11/20/14	12/1/14	\$380,128	\$380,128
INNOVATIVE COUNSELING(AUTISM)	12/15/14	2/5/15	\$50,000	\$50,000
INNOVATIVE SERVICES	2/9/15	2/23/15	\$13,430,200	\$13,430,200
INTERIM HEALTHCARE STAFFING	11/20/14	2/9/15	\$25,000	\$25,000
J & DEE INC.	11/20/14	12/1/14	\$1,821,000	\$1,821,000
JASMER AFH	12/11/14	1/6/15	\$13,608	\$13,608
KAKUK AFH	11/20/14	12/4/14	\$32,292	\$32,292
KCC FISCAL AGENT SERVICES	1/8/15	1/15/15	\$4,200,000	\$4,200,000
KCC SERVICES INC	11/20/14	11/25/14	\$2,000	\$2,000
KINDRED HEARTS	11/20/14	12/8/14	\$890,100	\$890,100
KLARKOWSKI AFH	12/11/14	2/3/15	\$22,932	\$37,300
KLECZKA-VOGEL AFH	11/20/14	12/4/14	\$77,376	\$77,376
KLEIN, DR. (AUTISM)	12/15/14	12/22/14	\$50,000	\$50,000
KPI INC	11/20/14	12/1/14	\$12,400	\$12,400
KRUEGER RECEIVING HOME	12/15/14	1/6/15	\$13,140	\$13,140
KUSKE AFH	11/20/14	11/24/14	\$25,692	\$25,692
LAD LAKE	12/22/14	1/6/15	\$40,000	\$40,000
LAKEWOOD ASSISTED LIVING	11/20/14	12/22/14	\$64,000	\$64,000
LAMERS BUS LINES, INC.	1/22/15	1/29/15	\$850,000	\$850,000
LANCASTER GARDENS	1/27/15	2/2/15	\$37,000	\$37,000
LAURENT AFH	11/20/14	12/9/14	\$50,352	\$50,352
LISKA, JOANN	12/15/14	1/13/15	\$5,000	\$5,000
LUND VAN DYKE INC	12/18/14	1/6/15	\$210,000	\$210,000
LUTHERAN SOCIAL SERVICES	12/22/14	1/15/15	\$900,000	\$900,000
MACHT VILLAGE PROGRAMS INC	1/6/15	1/15/15	\$600,000	\$600,000
MARLA VIST MANOR ASSISTED LIVING	11/20/14	11/24/14	\$129,404	\$216,417
MARTIN AFH	11/20/14	12/8/14	\$19,509	\$19,509
MATTHEWS SENIOR LIVING	11/20/14	1/22/15	\$202,380	\$202,380
MCCORMICK MEMORIAL HOME	11/20/14	12/1/14	\$198,484	\$198,484
MEADOWLANDS	11/20/14	12/1/14	\$39,871	\$39,871
MELOHN AFH	11/20/14	1/6/15	\$39,480	\$39,480
MILQUETTE AFH	11/20/14	12/4/14	\$22,344	\$22,344
MORAIN RIDGE LLC	11/20/14	12/8/14	\$200,000	\$200,000
MYSTIC ACRES LLC	12/11/14	1/6/15	\$70,812	\$70,812
MYSTIC CREEK LLC	12/11/14	1/6/15	\$105,000	\$105,000
MYSTIC MEADOWS LLC	12/11/14	1/6/15	\$149,400	\$149,400
NEMETZ AFH	11/20/14	12/1/14	\$71,744	\$71,744
NEW COMMUNITY SHELTER INC	12/15/14	1/6/15	\$40,000	\$40,000
NEW CURATIVE REHABILITATION	2/5/15	2/12/15	\$1,124,415	\$1,124,415
NEW VISIONS TREATMENT HOMES OF WI, INC	1/29/15	3/2/15	\$42,000	\$42,000
NEW VIEW INDUSTRIES	11/20/14	1/13/15	\$43,240	\$43,240
NORTHWEST PASSAGE	12/15/14	2/9/15	\$67,500	\$67,500
ODD FELLOW REBEKAH HAVEN	11/20/14	11/25/14	\$140,000	\$140,000
OPTIONS LAB INC	1/27/15	2/5/15	\$40,000	\$40,000
OPTIONS TREATMENT PROGRAM	12/11/14	1/15/15	\$100,000	\$100,000
ORLICH AFH	11/20/14	12/15/14	\$95,854	\$95,854
OSTAPYUK AFH	11/20/14	1/6/15	\$56,058	\$56,058

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
PANTZLAFF AFH	11/20/14	12/4/14	\$28,904	\$28,904
PARAGON INDUSTRIES	12/15/14	1/22/15	\$746,800	\$746,800
PARENT TEAM	12/15/14	1/6/15	\$227,300	\$227,300
PARMENTIER AFH	11/20/14	12/1/14	\$91,465	\$91,465
PATIENT PINES	11/20/14	11/24/14	\$284,000	\$284,000
PHOENIX BEHAVIORAL HEALTH SERVICES	12/11/14	12/18/14	\$25,000	\$25,000
PNUMA HEALTH CARE	12/11/14	12/22/14	\$358,600	\$358,600
PRODUCTIVE LIVING SYSTEMS	11/20/14	1/15/15	\$768,452	\$768,452
RAVENWOOD BEHAVIORAL HEALTH	12/11/14	1/15/15	\$70,600	\$70,600
REHAB RESOURCES	12/11/14	1/6/15	\$122,200	\$122,200
REM-WISCONSIN II, INC.	11/20/14	12/1/14	\$1,335,480	\$1,335,480
RENNES ASSISTED LIVING CORP	11/20/14	12/1/14	\$75,000	\$75,000
RES-CARE WISCONSIN	11/20/14	12/11/14	\$19,344	\$19,344
ST. VINCENT HOSPITAL	12/11/14	1/20/15	\$117,300	\$117,300
SALDANA AFH	12/8/14	1/19/15	\$43,360	\$43,360
SCHAUMBURG, LAURIE	12/15/14	1/20/15	\$25,000	\$25,000
SCHULTZ AFH	11/20/14	1/13/15	\$107,772	\$107,772
SKORCZEWSKI AFH	11/20/14	1/6/15	\$18,660	\$18,660
SLAGHT AFH	11/20/14	12/8/14	\$55,246	\$55,246
SMET AFH	12/11/14	1/22/15	\$54,257	\$54,257
SOUTHERN HOME CARE SERVICES	11/20/14	12/11/14	\$35,580	\$35,580
STARR/DINGER AFH	11/20/14	12/8/14	\$23,700	\$23,700
STEVENS AFH	11/20/14	1/6/15	\$30,905	\$30,905
STILLING AFH	12/11/14	12/22/14	\$32,802	\$11,000
STIRLING PCW SERVICES	12/11/14	1/6/15	\$20,000	\$12,520
TALBOT AFH	12/15/14	1/6/15	\$23,838	\$23,838
TANZI AFH	11/20/14	12/1/14	\$85,330	\$85,330
TOMORROW'S CHILDREN INC	1/20/15	1/29/15	\$100,000	\$100,000
TREMPEALEAU	12/11/14	12/22/14	\$1,487,700	\$1,487,700
VALLEY PACKAGING INC.	11/20/14	12/22/14	\$10,386	\$10,386
VANLANEN RECEIVING HOME	12/15/14	1/20/15	\$19,710	\$19,710
VILLA HOPE	12/15/14	1/12/15	\$1,730,700	\$1,765,024
VISIONS OF N.E.W. LLC	12/15/14	12/22/14	\$107,467	\$107,467
WARREN, JOHN MD	12/22/14	1/6/15	\$165,000	\$165,000
WAUSAUKEE ENTERPRISES	11/20/14	12/4/14	\$18,586	\$18,586
WE ARE HOPE	12/8/14	12/15/14	\$20,400	\$20,400
WILLOWCREEK AFH	11/20/14	12/4/14	\$445,136	\$445,136
WISCONSIN EARLY AUTISM PROJECT	12/15/14	12/22/14	\$300,000	\$300,000
WISCONSIN FAMILY TIES	12/16/14	1/6/15	\$26,000	\$26,000
ZAMBON AFH	11/20/14	11/24/14	\$25,334	\$28,687
ZIESMER AFH	11/20/14	11/24/14	\$79,716	\$79,716
TOTAL			\$70,931,084	\$72,093,142

Brown County Human Services

TO: Human Service Committee Members

FROM: Lori Gauthier
Administrative Secretary

DATE: March 16, 2015

REQUEST FOR NEW NON-CONTINUOUS VENDOR			
VENDOR	SERVICES	DATE REQUESTED	DATE APPROVED
Elite Shuttle	Shuttle	3/2/15	
Braatz, Kayla	Respite	3/2/15	
Kalas, Karen	Respite	3/2/15	

Brown County Human Services

TO: Human Services Committee Members

FROM: Lori Gauthier
Administrative Secretary

DATE: March 16, 2015

REQUEST FOR NEW VENDOR CONTRACT				
VENDOR	SERVICES	CONTRACT AMOUNT	DATE REQUESTED	DATE APPROVED
Haugen, Donna	Adult Family Home	\$16,435	2/17/15	
Bellin Psychiatric Center	Psychiatric Hospital	\$10,000	3/9/15	
Emerald Shores	CBRF	\$35,000	3/12/15	
Bellin Health Occupational	Lab Services	\$40,000	2/9/15	